

The Medical Times and Register.

VOL. XXXVII No. 7

PHILADELPHIA AND BOSTON, JULY, 1890.

WHOLE No. 936.

FRANK S. PARSONS, M. D., - Editor.
DORCHESTER, BOSTON, MASS.

JOSEPH R. CLAUSEN, A. M., M. D., Manager.
No. 717 BETZ BUILDING, PHILADELPHIA, PA.

.....EDITORIAL STAFF.....

T. H. MANLEY, M. D., New York, N. Y.
S. H. MONELL, M. D., Brooklyn, N. Y.
J. J. MORRISSEY, A. M., M. D., New York, N. Y.
LOUIS FISCHER, M. D., New York, N. Y.
H. B. SHEFFIELD, M. D., New York, N. Y.

LOUIS LEWIS, M. R. C. S., (Eng.) Philadelphia, Pa.
J. A. TENNEY, M. D., Boston, Mass.
E. B. SANGREE, A. M., M. D., Nashville, Tenn.
EDWARD A. TRACY, M. D., Boston, Mass.
GEO. ALEXANDER SAXE, M. D., New York City.



COMPLICATION AND SEQUELÆ, ATTENDING OR FOLLOWING REDUCIBLE OR IRREDUCIBLE DISLOCATION OF THE SHOULDER-HUMERO-SCAPULAR JOINT; WITH A BRIEF REVIEW OF THE VARIOUS MODERN OPERATIVE MEASURES NOW EMPLOYED FOR THEIR TREATMENT.

BY THOMAS H. MANLEY, M.D., NEW YORK, NEW YORK.

Visiting Surgeon to Harlem Hospital, and Professor of Surgery at the New York School of Clinical Medicine.

The subject of the dislocation of bones, from their articulations, constitutes one of the most interesting and important chapters in the annals of traumatic surgery; though, of late years, since the enormous augmentation of visual operations, it is a topic which has received but scant attention; nor, can it be said, that the management of shoulder luxations has shared in the advances, so notable in other directions, through the discovery of anæsthetics or antiseptics.

Holmes notes our indefinite knowledge of the pathology of these dislocations, and the diverse manner in which it is viewed by the French and the English schools.

Abstract of Essay presented at the Annual Meeting of American Medical Association at Columbus, Ohio, June 7th, 1890.

Progressive science and an ever widening art have revolutionized the therapy of osseo-arthritis lesions, and have led to the restoration of function, and the preservation of much, which in former times, had to be sacrificed; and yet, until very recently have these made any special impression on the complications attending luxations at the shoulder.

An indefinite and misleading nomenclature has led to much confusion; and, an absence of a practical knowledge of the shoulder's mechanism has led to error or faulty conclusions in diagnosis.

Let us remember, then, that instead of one joint the shoulder has three; and, when we speak of lesions or displacements of the head, that there are

two heads of the humerus, as there are also two necks.

The importance of a careful investigation into the various phases of shoulder luxations becomes evident when we bear in mind that these are more common than all the other luxations of the body combined; that there are more types and varieties of displacement seen here than elsewhere, as are also, oftener encountered fractures and other severe complications. Dislocations of the shoulder, as compared with fractures of the larger bone shafts, it is said occur in a proportion of 1 to 30. Malgaigne placed it 1 to 15. Into the Harlem Hospital were admitted in the decade from 1888 to 1898, 2,607 fractures, with 79 shoulder dislocations,—1 to 33.

Erichsen and other authors believed that a complete luxation of the shoulder was always followed by an impairment in the action of the shoulder, through its serious effects on the joint structures.

In children, the growth of the arm on injured side has been arrested or retarded, the sound side having a longer arm.

Irreducibility of shoulder luxation is not very uncommon; but remarkable freaks are noted here; as, sometimes, an arm which cannot be reduced immediately after injury, may, the following day or even later, readily return on slight manipulation, or spontaneously return during the movement of a patient in bed.

The period when reduction should be undertaken is an important one.

That we should insist on immediate reduction in all cases is, no doubt, a mistake, and may result in serious consequences to the patient.

Shock has been sustained, there may have been a free hæmorrhaged effusion into the capsule or periarticular tissues, with marked muscular spasm.

The patient has sustained greater violence. Why expose him to the risks of another fresh assault, until the system has well revived from the first? Boyer reminds us, that we need have

no fear of trouble from the pathologic changes eventuating, because the parts are in a state of "stupor" for some time after displacement; and, moreover, Lund, of Boston, says that "a luxation of less than two weeks standing is as easily reduced as a fresh one."

The morbid anatomy of dislocation at the shoulders is certainly not well understood. There is no case on record where a dissection has been made immediately after a fresh shoulder luxation not complicated with grave bodily injury.

The "button-holing" of the capsule, the slipping or rupture of the long-head of the biceps, diastasis of the glenoid base, or the apophyses, as factors leading to resistance in reduction, are generally unsupported surmises. Of one thing only are we positive in every description of dislocation, and that is, that the deltoid muscle has suffered from severe laceration or overtension.

Percival Pott noted the rôle the muscles play here, in cases resisting reduction, and observed, that the connecting ligaments afford only moderate retentive action on the joint, but its stability depends quite wholly on the tendons and muscles, which require our first attention; and Follion attaches great importance to the serious import of marked muscular atrophy after severe shoulder injuries.

In painful, useless arms, resulting from shoulder dislocation,—those which can be reduced but not retained—the most melancholy feature is the quite total disappearance of the deltoid muscle.

The most serious complications witnessed in dislocations, are, with few exceptions, produced by violence in reduction; and it does not appear that we can by any means at our command always avert them. So eminent a surgeon as Lord Lister confesses to having mortally ruptured the axillary artery in efforts at reduction. Kocher, in attempting the reduction of 25 dislocations under two months duration, fractured three arms. Desault tore

open the axillary vein. Le Bret tore the brachial-plexus out by the roots in the spinal-cord; moreover, all these cases, reduction failed.

Körte has collected 17 cases of ruptures of the axillary-vessel after vainless efforts at reduction; and Stimpson adds 44 more to his list from the same cause; of which, 31 were fatal.

My experiments on the cadaver clearly showed, that the internal rotation muscles permit the articular head to leave the joint entirely without any undue tension on them; nevertheless, in violent efforts at reduction, they can scarcely escape being completely torn from their attachments.

The heel of a strong man in the axilla, can work incalculable mischief. The so-called, Kocher method, rotation and leverage, if only forced far enough, will reduce the arm or fracture it, every time. In my first essay of it I produced a spiral fracture of the humerus, above the middle third.

The rôle of the constitutional neuroses should not be overlooked in these luxations, for there is no class of cases which will oftener try the skill and judgment of the practitioner than these. These are notably frequent in the female, though we will find cases of painful sensitive shoulder, not infrequent in males, after reduction. Pitres notes the condition in female individuals, in many of whom this trauma will provoke hysterical manifestations.

In all these cases, the possible co-existence of the rheumatic or tubercular diathesis of syphilis or hysteria should not be overlooked.

Apropos, the responsibility we incur in complicated dislocations, Dr. Strong, of Chicago, pertinently says: "From a medico-legal standpoint, the general practitioner or surgeon who dabbles with injuries which may be followed by dislocation or fracture, takes upon himself an enormous responsibility; and hence, no man should practice surgery without a constant fear of the law before him. A superficial or cursory examination with a guess should never be indulged in

here, if the physician value his reputation or his pocketbook. Patients as a rule, know nothing at all concerning the gravity of a joint injury, either a sprain, a dislocation or a fracture into it."

DISLOCATION COMPLICATED WITH TANGIBLE FRACTURE.

Fracture of a palpable character is sometimes met with in dislocations at the shoulder, which involve the outer head of the humerus. These may be through the anatomical, or surgical neck. When the former exist they are difficult of detection or may be entirely overlooked.

One such case, I have seen, in which the outer head was displaced forward under the clavicle.

In vain, all efforts at reduction failed, when an arthrotomy was made, it was found that the articular head was in position under the acromian process, the cleavage being through the anatomical neck; and hence, the case was one of fracture and not dislocation, though mistaken for the latter by the operator, an experienced surgeon.

Most of these fractures are through the surgical neck.

Prof. Charles McBurney has collected 117. These are quite invariably an accident in reduction; although Mr. Bolby and others have recorded instances, in which they have been found to co-exist with the dislocation.

When a fracture of the humerus complicated a shoulder dislocation, in former times, it was customary, to be content with adjustment of the fracture; and, in some instances, later, after union, attempt reduction. But, of late, the practice, in some cases, has been, if reduction failed by manipulation, to cut down on the proximal fragment, seize it with a hook or forceps, and in this manner endeavor to replace it. Whether this should be a routine plan of treatment in this class of cases is not yet decided, as there is a wide difference of opinion among surgeons on this point. The procedure is evidently not without serious dangers, as we gather from Dr.

Wyeth's interesting case. In this instance, manipulation of the under fragment failed to effect replacement when an arthrotomy was performed, and the articular head resected, the patient sinking in six hours.

**FRACTURES CO-EXISTING WITH
SHOULDER LUXATIONS, IMPOSSIBLE
OF DEMONSTRATION—
THE TANGIBLE.**

There can be little doubt but there are various fractures coincident with dislocation which escape detection, and which, sometimes, constitute a serious barrier to reduction.

These are most frequently of the incomplete variety, as those through the glenoid base, a splitting of the articular head, an incomplete fracture through the anatomic neck, a fracture through the acromian process or the coracoid.

Irreducible dislocation is one of the most formidable complications we have to contend with in shoulder traumas. Of late years it has been regarded as proper, in some of these cases, to utilize the aids of aggressive surgery, and force reduction by division of the tissues, to arthrotomize or resect the articular head.

It would seem that sufficient time has now elapsed for us to formulate any definite line of action, when we contemplate a luxation or arthrotomy; and, to decide whether or not the average results following its performance are better than when the displaced bone is left to itself.

It is a well known fact that there are several who have suffered irreducible dislocation, yet possess practically the full functional use of the arm.

Stewart, of Sydney, Australia, records the case of a person on whom it was found, post mortem, that both of his shoulders were dislocated. The subject had been a dragsman, performing heavy labor.

A year ago the brother of a physician came to me for advice about an old shoulder trouble. Four years before, he fell from a ladder about 20 feet. Immediately he had pain and

stiffness at the shoulder, but the next day he returned to his work at roofing. A week later he consulted a physician who prescribed a liniment. After a year, the shoulder remaining stiff, he consulted another physician who discovered the luxation. Nothing was done in the way of attempting reduction. When he came to me he had a pseudo-ankylosis, but good shoulder action through the scapula. I advised against any radical measures.

There are, however, quite a few in which the luxated limb remains painful, the articular-head rests on the brachial-plexus, and the patient presses for reduction of the bone.

Surgical literature would lead us to believe that whatever theoretical gain we may anticipate from surgical intervention, this procedure is yet sub-judice. To my personal knowledge a considerable number of arthrotomies for luxation at the shoulder have been performed which have not been published.

Up to 1891 Thorburn could find but 13 cases of excision of the humeral head; but, up to 1897, Souchon collected 154 arthrotomies for irreducible shoulder luxation.

It is somewhat remarkable that none of our late English works on dislocations give this subject a systematic consideration. Many surgeons were exceedingly sanguine when these arthrotomies were first undertaken that a new epoch in the surgery of the shoulder had opened; and hence, McLaren writes, "the ease and readiness with which a joint can be opened, the obstacles detected and removed, and the happy results in successful cases encourage of performance of the joint operation, when certain attempts by traction and manipulation fail to effect reduction." Senn, of Chicago, also speaks in an assuring tone, and declares that "the success which has attended the open method in the reduction of irreducible dislocation has added a new impetus to the department of surgery."

But published statistics would seem to cast some doubt on the success of

these cases and point to the great gravity of the operation.

Delbet collected 62 cases operated on for irreducible shoulder luxation with 12 deaths.

It should, however, be remembered that the early evolution of every operation is attended with a large mortality, and moreover, in many, arthrotomy is often performed before the patient has recovered from the shock left, after violent or protracted force.

From what can be gathered through the literature on this subject, it is apparent, that while arthrotomy with restoration of the head in position gives the best functional results, it is much more difficult of performance and has a larger mortality than excision of the articular-head.

Chipault agrees with Nelaton, that it should be the operation of choice, and, if inexpedient or impossible, then we should decapitate.

Hennequin would not favor the operation on children.

Delogeniere is a strong advocate of arthrotomy, rather than great violence, in resisting cases.

"Bloody reduction without resection of the head," says Knapp, "is not without serious results." He collected 12 cases of arthrotomy with 3 deaths; while in 20 resections there were but 4 deaths.

After a summary of the opinions and practice of different surgeons it would appear that in all cases it is better to first attempt operative reduction by a free incision and release of the constricting bands. Then, should an extensive rent in the capsule be found, or a fraction and reduction yet resist trac-

tion, we should resort to excision of the articular-head, as a consecutive course.

The technique in operative reduction is comparatively simple, but unfortunately, in every instance to freely expose the glenoid-cavity and liberate the locked, impacted head a large incision must be made, and the integrity of the deltoid muscles seriously impaired, if not quite entirely destroyed.

The long vertical incision carried down between the clavicular and acromial heads of the deltoid, gives us the greatest facility for exploration with the least extent of mutilation, but when the dislocation is subcoracoid and the head has been projected through a rent in the capsule, a cross-cut must be made through the deltoid, and the deep rotators must be divided before the articular-head can be brought up under the acromian vault.

As the areas, here divided, are highly vascular and effective, prophylactic hæmostasis is impossible, the loss of blood is usually very large, constituting the most formidable danger in opening the joints.

In primary arthrotomy, as the tissues have been subjected to extensive contusion, over-tension and laceration, they are highly prone to take on inflammatory and suppurative changes after division.

When this occurs the danger of widespread infiltration are great, and should recovery occur, extensive adhesions will so limit the range of shoulder action that it may not be equal to that following, had the displaced head been left undisturbed.



ORTHOPÆDICS FOR THE GENERAL PRACTITIONER.

BY EDWARD A. TRACY, M. D., BOSTON.

THE TREATMENT OF FRACTURES.

In my last paper on this subject, after showing that deformities not rarely result from the treatment of fractures at present in vogue—the plaster of Paris bandage treatment—and because the prevention of deformities as well as their cure is in the province of the orthopædist, no apology was necessary to treat this subject here—a chapter was promised dealing with a method of fracture treatment truly scientific and productive of better results.

To-day progressive surgeons recognize elements in fracture treatment that a decade ago were hardly thought of. Bone transplantation after severe traumatism of a shaft, wonderfully successful in exceptional cases; bone suturing, advisable in very rare cases where external fixative appliances cannot be employed; massage, the advantages of which are only faintly appreciated by the mass of the profession to-day; and passive motion, in cases of a joint complication, the advantages of which were known, but its employment feared because its use and abuse were not clearly defined.

Of course the main element in fracture treatment—fixation—has been recognized from the earliest times.

The external means of obtaining fixation are various; all are defective save those that permit of the application of the fixative appliance next to the skin. The interposition of batting or other padding interferes with fixation. This is self-evident.

There are several materials that can be used directly next the skin. Gutta percha in sheet form was used by F. H. Hamilton for various fractures. The objection to it are its cost, the fact that it is impermeable to moisture, thus preventing the carrying off by the atmosphere of the insensible perspiration, and its unpleasant odor. These disadvantages were of minor importance to the efficient fixation produced by its use, or that great sur-

geon certainly would not have used it. Another plastic splint material is a felt and shellac preparation. Heat is used to render it plastic. The body temperature does not soften it enough to destroy its fixative properties. Superior to all is wood-plastic splint material—a reinforced wood-fibre texture. Water is used to moisten it and thus render it plastic. It is used for splinting any part of the body, and makes an excellent spinal jacket. I have several patients who have worn wood-plastic jackets day and night for over a year, the jackets being as rigid and efficient to-day as when put on. The jackets were moulded directly upon the patients.

The method of splinting a limb with wood-plastic material is a simple one. A paper pattern is cut so as to enfold the part in the manner we wish the completed splint to enfold it. A piece of the splint material is cut to this shape, moistened with water and snugly bandaged over the limb. If the right shaped blank has been cut and properly bandaged to the limb, fixation results from the moment it has been applied. The next day the splint can be removed, and, if need be, trimmed, so that sharp edges, if there be such, may not irritate the skin.

Associated with almost every fracture is more or less swelling, which subsides after a longer or shorter time. According as this swelling subsides, the splinting I have described can be snugly reapplied; thus the disappearance of the swelling does not interfere with the fixation. We can, moreover, in a moment remove the splint whenever we wish to inspect the parts, apply massage or passive motion to the injured joints.

Massage is an important remedial agent in the treatment of fractures. The nutrition of the soft tissues put into idleness because of the fracture, can be maintained by this modern means of treatment. The absorption of tissue exudations and hæmor-

rhage can also be materially hastened by this means. Doubtless also the healthy proliferation of the cells that are to form the new bone tissue is favored by the gentle stimulus of massage. All of which reasons make massage an important auxiliary in the modern treatment of fractures.

Passive motion is of importance when a joint injury complicates a fracture. If the joint injury is simply a synovitis absolute rest for it is the best treatment. If, however, there are joint tissues torn, either in it or about it, which may cause adhesions that will interfere with the motions of the joint, such adhesions must be prevented or remedied by passive motion of the joint. The object of passive motion is to prevent or remedy adhesions interfering with the motions of a joint. In cases calling for passive motion, there is consequent upon the injury present a synovitis. Passive motion is contra-indicated for a simple synovitis: we therefore must

apply just passive motion enough to prevent adhesions; any more would be injurious because of its bad effect on the inflamed joint lining. The indications of each individual case are to be studied and met with the intelligent application of the principles of treatment involved.

I believe the method of splinting briefly described above, permits of really scientific treatment of fractures. Fixation—an efficient fixation is provided thus limiting and preventing deformities. Massage and passive motion, important and modern auxiliaries in the treatment of fractures, are not interfered with because of the ready removal and reapplication of the fixative appliance.

In a future short paper I may consider the application of the method in particular fracture cases, having in view the prevention of deformities not uncommonly seen in similar injuries that have been treated by the plaster of Paris bandage method.



BILIOUS DISEASES—WHAT ARE THEY, AND WHY SO-CALLED?

BY C. F. MARKLE, M. D., COLUMBIA, PENN'A.

The definition of the term bilious, given by Dungleson, the great American and English authority is, "That which relates to bile, or is produced by bile." It is an epithet given to certain diseases which are supposed to be the effect of superabundance of the biliary secretion. We speak of biliary temperament, bilious symptoms, bilious fever, etc. But too often is it used without any definite idea regarding the bile being attached to it. Another writer describes biliousness thus: "If more non-nitrogenous food be taken than can be disposed of by the lungs in the form of carbonic acid, the liver pours a greater quantity of bile into the duodenum, causing the symptoms known as biliousness." Very many other definitions are assigned to the term bilious, and with so wide a latitude as to its true meaning, it is not a matter for surprise, (however deplorable the fact) that we have no certain means of arriving at a proper definition. Herein lies the opportunity for those whose name is "legion" both in and out of the profession, who upon every occasion of indisposition however trifling see nothing more nor less than a bilious attack, recognizing no other organ in the economy but the liver; charging to its account every ache and pain the system is liable to sustain, never stopping to reason whether the indisposition is from the effect of imprudence in eating, drinking, exposure, overwork, or perhaps indolence, which to me seems the most probable cause of many cases of so-called bilious attacks. My colleagues will bear me out in the assertion that nine-tenths of the number who find work burdensome jump at the imaginary conclusion that their livers are diseased. The bilious idea also prevails to an alarming extent among the ignorant class of people, some of which know not whether their livers are in their stomachs or their stomachs in their livers. And it is a humiliating

thought, one painful to contemplate, that this state of ignorance throughout our land is partially the result of the careless expressions and indiscriminate practice of many of our better informed physicians. Too often do we encourage the idea of imaginary bilious affections. This indiscriminate admission from physician to patient is not due to ignorance and therefore the less excusable. It is very largely through this channel that the professional quack finds his opportunity to flood the country with liver pills, liver stimulants, liver restoratives, liver regulators, liver tonics, numerous as the frogs and lice of Egypt, and no doubt more detrimental. If this be true, then are we not largely responsible for this part of the misfortune of our land? It behooves the intelligent physician to guard well against calling diseases by any other than their proper terms, not alone for his own protection, but also for the welfare of those who in an unguarded moment may become the victim of the prowling quack.

It is by no means always the ignoramus who is thus victimized. Some years ago an apparently well educated and polished gentleman applied for treatment. He was suffering with remittent fever. The attack was of a mild form, giving no cause for alarm. He, however, was very much exercised about the condition of his liver, as it was giving him pain. When asked to point out the location of his pain, he promptly placed his hand over the crest of the left ilium, saying "That is the exact spot, Doctor."

Another intelligent looking gentleman, with a very grave countenance and a corresponding expression, called for treatment. One of the first questions he asked was, whether it was a very common occurrence for a person to pass part of his liver by the bowels. Upon being informed in the negative, he immediately thrust his hand into

his pocket, and drew from it a carefully wrapped package which contained what he supposed to be part of his liver, and he was quite sure that he had passed it through his bowels. A careful examination proved, however, that the supposed liver was nothing more nor less than the thick shell of a grape which had been retained in his stomach for some days and was only discharged after a full dose of Dr. Blank's liver pills. What a rare opportunity for Dr. Blank, the great liver doctor to increase his reputation and swell his pocketbook. These are examples showing that ignorance and cupidity are not alone responsible for the erroneous, yet popular, views which exist to-day, and which so often prove detrimental. The errors so prevalent can only too often be traced back to some well-qualified and intelligent practitioner, who through some meaningless nod or careless expression has created the idea that the liver is a great and terrible organism which is the source of all ills, an organ that is as unclean as the leper, and must therefore be cleansed and purged by the best liver remedies obtainable in the market. To accomplish this end the public is daily expending thousands of dollars for patent medicine nostrums whose healing effect is not worth the cost of the paper that surrounds the bottle bearing the preposterous allegation of its never-failing and all-healing properties. On the contrary, the actual detriment wrought by them would justify the passage of an Act by legislation, prohibiting their manufacture and sale. I make the assertion and without fear of successful contradiction, that patent nostrums are directly and indirectly the cause of more funerals than the deaths caused by all the railroads and manufacturing industries in the land. There is this additional difference in favor of the latter: they being accidental, while the former are purely suicidal.

Why is it that there are so many patent medicine millionaires, and so few rich doctors? The explanation is

simple. The honorable and legitimate practitioner spends a small fortune in the pursuit of an education that will fit him for a proper and worthy discharge of his professional duties. He oftentimes spends his brightest years in the effort to gain a legitimate practice, only to find that the public is partial to homeopathy and eclecticism. And because of the want of appreciation upon the part of a progressive people in a progressive age, of the man who dares to be honorable, conscientious, and trustworthy, he is compelled to struggle through a life time of comparative poverty. His noble work, his numerous acts of true charity, and his self-sacrifice go down with him to his grave, and all are soon forgotten, while the illiterate quack, who having become tired of such work as he may be fitted for, starts out advertising his wonderful and miraculous healing powers. The public, ever on the alert for an opportunity to be humbugged, flock to him. They never fail in getting just what they came for, and are therefore always prepared and willing to pay big fees for value received. Emboldened by his success at victimizing the public, the quack doctor now conceives a new idea. He remembers that in the suburbs of some antiquated town water rents are low, labor cheap, herbs and roots close at hand. Experience has taught him that nearly every one imagines that he suffers more or less from liver troubles, therefore a liver remedy will bring a fortune. His financial success is, of course, an assured fact. He becomes a millionaire, his money secures for him a place in high class society, and his opportunity for a place in the halls of Congress are next in order. But I have drifted away from my subject, I find that I am not only defending the liver, but my fellow practitioner as well. No one will deny that the liver is often more or less functionally at fault, generally from excessive or improper digestion, overcrowding of the portal system, and just as often and ever more so will the stomach and kidneys exhibit


like disturbances. The same is true of the lungs and heart. Why then refer all troubles to the liver and charge it with being bilious and creating bilious disturbances, when in reality it is probably a case of indigestion needing a little or a mild aperient. In many of these cases the fault lies, not with the liver or stomach, but with the patient himself, who should be starved until he is taught to treat his digestive apparatus with more consideration.

With an engorged stomach of indigestible material, Nature usually provides the remedy by emesis, which is sometimes so prolonged as to bring up bilious matter, even though the liver be found in a perfectly healthy condition. Here is where the liver doctor and the mercenary quack finds his stronghold; to attempt to convince him and his believers that it is possible for a person to vomit bile when the liver is in a healthy condition would be like casting pearls before swine. Admitting that the liver like any other organ of the body, is occasionally diseased organically, seriously and even fatally. For we do have an occasional malignant liver to deal with; we do have some cases of hepatitis, and especially in old persons do we have induration, enlargements, and degenerations, sometimes producing dropsy which very often terminates fatally. But where one such case really exists there are 999 cases of so-

called liver troubles, which are not, save only in the minds of those who have been misled into the belief that they are afflicted with the terrible malady, "a diseased liver." And unless they at once submit to the heroic treatment of some liver doctor, or make use of the innumerable advertised liver cures, they will surely die. Is it not our duty and privilege as intelligent and conscientious practitioners to put forth every effort within our power to disabuse the minds of our patients of this erroneous idea, for just so long as the medical man continues to sanction biliousness in its present widespread generality, just so long is he lending his influence in favor of the mercenary quack and the consequent detriment of humanity. I believe it to be our duty to take a firm stand in favor of this much-abused organ, and enter our emphatic protest against the slanderous accusations charged to its account, for instead of it being a diseased and disease-producing organ, it does perhaps more than any other organ in the body, (the lungs excepted) in promoting the health of the body. Regardless of the fact that the liver has borne the attacks of the enemy for centuries in the past, it still remains to be a hardy and durable organ, and by fair usage will materially assist its possessor in attaining a good and ripe old age.

—Read before the College of Physicians and Surgeons, Columbia, Pa.





SOCIETY REPORTS

AMERICAN MEDICAL ASSOCIATION.

FIFTIETH ANNUAL MEETING, HELD AT COLUMBUS, OHIO, JUNE 6, 7, 8, 9
AND 10, 1899.

From Report to New York Medical Record.

GENERAL SESSION.

PRESIDENT, DR. JOSEPH M. MATTHEWS, OF LEWISVILLE.

FIRST DAY—TUESDAY, JUNE 6th.

The Grand Opera House of Columbus was crowded to suffocation when the president of the association, Dr. Joseph M. Matthews, of Louisville, Ky., called the meeting to order at 10.30 a. m.

After the opening prayer by the Rev. Washington Gladden, his excellency Asa A. Bushnell, Governor of Ohio, delivered the first address of welcome. He humorously alluded to the stifling heat by saying that he had been told beforehand that is the association met in Columbus it would expect to have a "hot time," and if this was true they certainly had no reason to feel disappointed on that score. That this great body of medical men had consented to hold their annual meeting in that city was to be looked upon as another triumph for the State of Ohio. There was a reason why he personally should feel a somewhat keener interest and sympathy in the medical profession than the ordinary layman, for in his youth he had been an apothecary. When the speaker referred to the manner in which the various custodial institutions and hospitals throughout the State had been conducted, and expressed the sincere hope that they might be kept far beyond political influence, there was a ready response in a tumult of applause. Another portion of the address that was well received was the description of his efforts to secure the establishment of a board for the examination and registration of medical practitioners. Although it had been

at work a comparatively short time, he said, it had become an honor to the profession and to the State.

An address of welcome was also delivered by his honor Samuel J. Swartz, mayor of the city.

Dr. Joseph M. Matthews, of Louisville, in his address considered first "Our National Body; Its Purposes and Destiny." He said he imagined that when the father of this association called around him a few devoted friends, accomplished physicians and surgeons, and effected an organization to be known as the American Medical Association, their first thought was the unification of the profession which they loved so dearly. Sacrifices and great personal discomfort were endured by them to obtain the good, but the splendid results were evidenced in the assembled body. Some must be teachers or instructors, others listeners; they each in their way contributed their mite. It might be that some member from a far-off and sparsely settled country had heard some truth that in its application might save a life, or in return he could give an experience which might prove of incalculable benefit to his more fortunate brother. This possibility should rule out class legislation. In lieu of this he urged that the profession should receive all who represented honesty, fair dealing, and who entertained an earnest desire to elevate the standard of the medical profession and of the association.

On the question of "A Local Habitation," he thought it was to be ser-

iously questioned whether the association, so numerically great as it was destined to be, or in truth now was, profited by its migration each year to distant parts of the Union. He thought it added no dignity to the distinguished body of the association to be traveling about, to say nothing of the inconvenience to the members, nor of the expense of entertainment imposed upon a local profession. He believed that the members upon careful thought and consideration would conclude that the American Medical Association should have a local habitation. He thought the place best suited for this was the city of Washington, the capital of the nation, since in its free libraries, magnificent buildings, the home of the medical departments of the Government army, navy, and marine hospital corps, it had advantages offered by no other place. He suggested as not far-fetched the possibility that the Government might assist the association in the ultimate ownership of a suitable building for its meetings. The "Journal," too, would find here the most suitable of all abodes. He called attention to the importance of attending the general session on the last day of the meeting, and pointed out that it was the fault of the members if resolutions which were not pleasing were rushed through. He deprecated the holding of clinics by the local profession, which very materially decreased the attendance upon the meetings of the general sessions and the various sections. This same absence occasioned by the dinners to which the members were kindly invited, he thought, could also be obviated.

Reference was made to the death of Dr. John B. Hamilton, editor of the Journal of the American Medical Association, a truer friend than whom the association never had. Possessed of clearcut individuality, he was always outspoken, and what he did he at least believed to be for the best. By his efforts the "Journal" had been brought to its present high standard. He congratulated the association

upon the selection of Dr. George H. Simmons as Dr. Hamilton's successor, who stood as a peer among his editorial friends. He disagreed entirely and unequivocally with the advocacy of a censorship in the management of the "Journal," believing that if one article read before the association was refused publication, the pledge and obligation of the association were violated; the reader should select the wheat from the chaff. In connection with the business interests of the "Journal" he suggested that a suitable man, preferably a doctor, be selected to travel, with the object of increasing the membership of the association. He believed there were many hundreds of worthy physicians in the United States, ignorant of the manner of becoming members, who would readily join the mother society if properly approached. He believed that the added membership would more than pay the salary of such an officer.

The annual heated debate over the secretaryship was deplored, and as an easy solution of the matter the suggestion was offered that the editor of the "Journal" be the secretary of the association.

With reference to the recognition by the association of local medical societies which had adopted the code of ethics, the president expressed the hope that something would be done to this end. He had found that in many instances the State society had failed to recommend these societies, but for no particular reason.

The rest of the address was given to the consideration of tuberculosis, the antivaccinationists, and syphilis. In the consideration of tuberculosis reference was made to the tuberculosis congress recently held in Berlin, and to the action taken by the Liverpool Medical Institution toward the prevention and the treatment of the dread disease; also to the action of the section on hygiene of the French Association for the Advancement of Science, in passing a resolution pointing out that the convection of tuber-

culosis by inhalation is only one of the modes of infection, and that a larger part of the diffusion of the disease was played by contagion through the alimentary canal, and urging the necessity of taking adequate measures to insure the sterilization and harmlessness of articles of food. As a remedy for the prevention of the ravages of the disease suggestion was made of the resolution adopted at the International Congress of Hygiene in Brussels in 1897: "The hospitalization of tuberculosis is urgent and will not long be withheld." He urged that the association should appoint a committee to prepare a careful report on this subject and present it to the next Congress sitting, beseeching that this Government erect, prepare, or donate hospitals or reservations in and at which the poor or others shall receive treatment for the cure of consumption. Also that the advisability of the respective States erecting similar institutions be impressed upon State Boards of Health in the various States.

The antivaccinationists were referred to as a class which was doing much to endanger the lives of our citizens, and whose meddling ways were giving the health boards much annoyance. The author asked that the association give to the medical profession in America an endorsement of their views in a resolution sustaining compulsory vaccination.

In his consideration of this subject the president made reference to the international medical conference to be held in Belgium, known as "The International Conference for the Prevention of Syphilis." He stated that he had already named the delegation for whose attendance request had been made through the Belgian minister at Washington. He believed that the time has arrived when physicians, singly or when in convention assembled, should throw aside all restraint when dealing with this vital question. The minister and the priest should aid the doctor in this praiseworthy undertaking. The doctrine should be inculcated into the young of

both sexes, that freedom from this awful condition should exist before the marriage relation was thought of. Suggestion was made that a committee be appointed from this body, to report at the next annual meeting on the subject, "What is the Best Means of Preventing the Spread of Syphilis."

The address closed with a plea for harmony, in which the president said: "Let me beg of you that this meeting be one of perfect harmony and peace. Let nothing of an acrimonious nature be indulged in, but rather let your deliberations be characterized by patience, love for each other, and a desire to ennoble the profession to which you belong. For are we not brothers indeed, fighting for a common cause—the obliteration of the common enemy, disease? May your future life, each and all of you, be one of peace and perfect happiness; and may God grant to all a long life filled with good deeds. If fate should decree that any one of you should pass away before we meet again, may you find eternal rest in 'God's next country.'"

In the absence of Dr. Albert L. Gihon, the chairman of the Rush Monument Committee, the treasurer of the fund, Dr. Henry D. Holton, read the report, as follows:

"You may remember the enthusiasm which prevailed at the meeting of the association at Philadelphia, when the sum of \$100,000 was fixed by common consent as the amount which should be contributed by the profession to erect a suitable memorial, not alone of the great medical patriot of the Revolution, but of the part which the profession of medicine represented by him had had in the foundation of this great republic, and as the expression of the patriotic sentiments and love of country of the medical men of the present day. You must also recollect how the delegates from State after State rose and pledged their several constituencies each for its quota for this commendable project. You may further remember how, at the meeting at Denver, two States, New

York and Colorado, redeemed that pledge, and a third, Pennsylvania, conditionally, and how, at my request, the permanent secretary was directed to communicate with the officers of the State medical societies, urging them to appoint without delay representative members of the committee from their several States and Territories. I know that he promptly performed this duty: six State medical societies have appointed such representative members: \$355.50 has been added to the monument fund, which now, by increases of interest upon the money invested, amounts to about \$10,000 actually in the treasurer's hands. A Washington dispatch reads: 'The sum of \$4,200 was to-day (January 3rd) received at the office of the Lafayette Monument Commission from the Ohio State Commissioner, being the amount contributed by school children of the State of Ohio for the monument to Lafayette to be erected in the city of Paris, in the year 1900. With contributions sent directly from various schools, this makes \$5,000—one-half the fruits of fifteen years' appeals to over one hundred thousand members of the medical profession in the United States for a monument at their own national capital to their own countryman and professional confrère, whose services in the cause of national liberty were every whit as great.

"Your business committee at Denver did not approve my request that the association should defray the expense of attendance at the meetings of at least one of the officers of the Rush Monument Committee. As these officers have continued over from year to year, it is evident that the action of the business committee virtually requires them to contribute annually from their private means from \$50 to \$200, according to the distance traveled. In my own instance, by reason of my retirement from active duty in the navy, by limitation of age, I am no longer eligible for official detail, and would be subjected to an outlay on account of the monument which no other

member of the association is asked to make.

"Mr. President and members of the Association: After fifteen years of persistent, earnest effort, the time has come when I must admit that I can do no more. I reminded you at Philadelphia that, of the eleven men originally interested in this project, all but two had died since its inception. In February of this year the secretary of the committee, Dr. George H. Rohé, of Maryland, my friend of friends, my always enthusiastic colleague and active coadjutor, also died; so lest death come unaware to me as it did to him, it is advisable that I transfer this duty to some younger, and I hope more successful worker. It has been from the first a labor of love for me. From the beginning of my professional life, and this was almost half a century ago, the personality of Rush has been familiar to me, through my preceptor Dr. Rush Van Dyke, whose father, Dr. Frederick A. Van Dyke, a courtly, cultured gentleman of the highest type of the old-time physician, was himself a favored pupil of Benjamin Rush, whose name he bestowed upon his son, for whom he selected the honorable career, which his famous teacher and himself so worthily graced. I would that every physician of this day should appreciate his indebtedness to this great man, who, had he lived among us, would have been no less distinguished—this physician who, great when he lived, is still the greatest physician this country has ever produced—this typical manly doctor, whose faults were those which belong to every man of his impetuous, earnest, far-seeing, and far-striving nature. To honor him with a monument is to honor our profession; and it must be a monument in keeping with the dignity of this greatest of human vocations—hence, I felt you acted wisely at Philadelphia in determining \$100,000 as the proper sum to be devoted to its erection.

"The Secretary of the Navy has assigned an unequalled site for the

structure on the beautiful park fronting the United States Naval Museum of Hygiene, especially appropriate in that Rush was a pioneer in sanitary science, which men like the surgeon Gross and the physician Flint, as they laid own their lives, declared to be the highest aim and crowning glory of the science of medicine.

"At the sluggish rate at which this fund has grown in my hands, it would be futile for me to hope to see it reach the proportions, I think with you, it should attain, especially as I shall have left for an indefinite residence abroad when this report is presented. So, thanking you for your repeated expressions of approval of the little I have done, and of the much I have sought to do, and cordially wishing success to my successor in office, I hereby resign the trust with which you first honored me in 1884 and have repeatedly renewed the past fifteen years."

Dr. H. P. Newman, treasurer of the association, presented his annual report. This showed that the association was in a prosperous financial condition, there having been on hand December 31, 1898, the sum of \$21,729.95.

The Philadelphia County Medical Society offered the following preamble and resolutions, which were referred to the executive committee:

"Whereas, the morbidity and mortality statistics of the late war have served to call to their attention of the physicians of the United States the wide and enlarging problem of the care of soldiers and sailors in peace and during campaigns, under widely varying conditions of climate and environment, now, in many respects, presenting themselves for the first time: therefore be it

"Resolved and recommended by the American Medical Association—(1) That the medical corps of the army and navy be enlarged to meet properly all demands that may be made upon them; (2) That the transportation of the medical supplies be under the control of the medical department; (3)

That four sanitary inspectors be created whose duty it shall be to examine into the sanitary condition of the camps and bodies of troops in transit, and advise in relation thereto; (4) That the Government establish a permanent camp site, the selection to be subject to the approval of the surgeon-general, for use in the mobilization of large masses of troops; (5) That a professor of military hygiene be appointed at West Point to instruct the cadets in the principles of sanitation; (6) That the surgeons-general of the army and navy in time of peace and war be empowered to call into requisition the services of skilled specialists; (7) That the medical officers of the National Guard be subjected to rigid examination, both for admission to the service and for promotion; (8) That the President of the United States be respectfully urged to recommend to Congress the establishment of an army medical commission, to be composed of physicians and sanitarians to be taken from military and civil life, including the surgeons-general of the army and navy, whose duty it shall be to prepare a report containing a detailed plan of modern system to govern the medical department of the army and navy in peace and war. Be it furthermore

Resolved, That a committee be appointed by the President of the American Medical Association to wait upon and present these resolutions to the President of the United States for his favorable consideration."

Several other resolutions of a similar purport were read and referred to the executive committee.

Dr. George M. Gould, of Philadelphia, spoke of the great misfortune it would be to the profession to be deprived of such a useful co-laborer as the Index Medicus, and in this connection offered the following resolutions:

"Resolved, That the executive committee appoint a committee of three members of the association to take charge of the publication of this periodical, perfecting plans of the

same, engaging the necessary editorial assistance, and making such contracts for the publication of the Index Medicus as would maintain its former high standard.

"Resolved, That the treasurer of the association be instructed to pay all necessary expenses incurred by the committee in the prosecution of this work, provided that the deficit shall not exceed \$3,000 annually."

These resolutions were referred to the trustees.

The general session was then declared adjourned.

FOURTH DAY—JUNE 9th.

Dr. I. N. Love, of St. Louis, moved to eliminate from the report of the executive committee that part providing for the publication, in pamphlet form, of the names of the members. He stated that he did this on behalf of the trustees, who thought it would not be for the best interests of the association. This motion elicited considerable discussion, and finally the motion was tabled, the president having called attention to the fact that there was a standing resolution providing for the publication triennially in the "Journal" of the list of members.

At the suggestion of the executive committee, the association voted to take action towards securing from the United States government an appropriation to cover the necessary expenses of its delegates to the congress, which is to be held in Brussels next September.

It was resolved that no paper should be placed on record for the considera-

tion of any section unless an abstract of not less than fifty or more than three hundred words accompanied the title, and was placed in the hands of the chairman or secretary of the section at least thirty days before the time of meeting of the section.

A resolution was also adopted requiring that in future no author's name should be placed on the programme unless accompanied by the title of his paper.

On motion of Dr. C. E. Ruth, of Iowa, a vote of thanks was extended to Dr. Atkinson, the retiring secretary, for his long, faithful, and efficient services.

Dr. George M. Gould, for the committee on prize competition for meritorious scientific work, reported that the committee had received no essay which it deemed worthy of the prize. The committee was continued.

Dr. Q. C. Smith, of Austin, Texas, gave notice that he would next year move the adoption of the following amendment to paragraph 9, article iv., of the code of ethics:

"Resolved, That attending physicians are entitled to charge a consultation fee for each consultation in addition to visit fee, equal in amount to that ordinarily charged in similar cases by consulting physicians residing in the same city, locality, or community where the service may be rendered."

The secretary announced the names of delegates to the British Medical Association and to the International Medical Congress, and after some further routine business the association adjourned until June, 1900.



Editorial

THE MEDICAL TIMES AND REGISTER is published monthly.

All communications, reviews, etc., intended for the editor should be addressed to 367 ADAMS STREET, DORCHESTER, BOSTON, MASS. U

THE MEDICAL TIMES AND REGISTER is published by The Medical Publishing Co., 717 Betz Building, Philadelphia, Pa., to whom all remittances should be made by bank check, or postal, or express money order.

Subscription price is \$1.00 a year in advance. Foreign countries, \$1.50. Single copies, 10 cents.

Advertising rates may be had on application at the Philadelphia office.

Original articles of practical utility and length are invited from the profession. Accepted manuscripts will be paid for by a year's subscription to this journal and one hundred extra copies of the issue in which such appears if desired.]

Reprints of Original Articles are not furnished except on payment of cost price by the author.

Entered at the Philadelphia Postoffice as second-class mail matter.

ASEPSIS OR CLEANLINESS.

A highly important contribution on the question of operative sepsis was recently given at the American Surgical Association by Dr. Theodore Kocher, the distinguished Swiss surgeon.

He begins with a sentence that quite takes one's breath away, when he says: "If we are to decide whether we are on the right way with aseptic preparations to warrant a healing by first intention or not, we cannot answer that question simply by bacteriological demonstration of presence or absence of bacteria alone, but we must be guided by our clinical results. We know that even in cases of healing *per primam intentionem sans phrase*, where we withdraw a drainage-tube after twenty-four hours and get our wound absolutely closed within two days, we may find bacteria by dropping some of the bloody liquid of the first day in sterilized bouillon and

keeping it at 37 degrees for twenty-four hours."

According to this noted savant, therefore, septic infection or bacterial invasion is entirely compatible with union "*per primam intentionem*."

It appears that all are not quite agreed on what constitutes primary union; the so-called "aseptic" wound. For example, in five months Kocher performed 334 operations, among them being several for appendicitis and the radical cure of hernia. Of these former all healed by primary union, though in a few instances the appendix was perforated. Now it would be interesting to know how, by any means known to art a perforated appendix with the purulent accumulation which accompanies it, may be removed without leaving a purulent tract to heal by granulation? We certainly cannot perform that miracle in America.

The author seems to have had experience with suture material also. In thirty per cent. of cases in which catgut was used he had infection, and only in three tenths per cent., where silk was employed. Silk material, we all know, is the easiest to sterilize, is the strongest and most reliable, but in time it invariably becomes a foreign body and will make its way out or must be mechanically removed.

It is most gratifying to note that the author discontinues the use of gloves. They are no doubt fine things theoretically, but to the severely critical scientific man it seems too farcical to suppose that any dead substance can be made cleaner than the living human hand.

As to rubber gloves, surgeons will take cold comfort from what Professor Kocher says on this point as indicated by the following: "So I think I may be justified in saying, that practically, with my usual method of asepsis during 225 operations, I have not had one case of formation of abscess or supuration of a wound during the whole winter. Is now this result to be attributed to the introduction of gloves during this period? I am sure this is not the case, by the simple reason that we have had the same good results before when we did not use the gloves. But at any rate, we may state, that the results are no worse, on the contrary as perfect as we may wish them, since we introduced the gloves. This is in strict contradiction with the bacteriological researches made lately on permeable gloves."

He had as good results without as with the gloves, in spite of the bacteriological dictum, for the microscope proves that the deep pits of the sebaceous and sweat follicles are always thickly studded with bacteria which nothing can dislodge. These seem to be perfectly innocent until diseased action in the tissues is aroused, when they multiply in enormous numbers and in some occult manner, as yet unknown, impart a peculiar virulence to certain types of inflammation.

We are told that there is a danger, when we saturate the hands with certain chemic solutions, of poisoning the system, and that of all washes 85 per cent. alcohol is the most effective for cleansing the hands.

Much space is devoted to the manner of cleansing the patient's skin. In the writer's experience there is a possibility of overcleansing, so to speak, in some cases; that is, an inexperienced, overzealous, germicidal apostle may rub and scrub on the tender, delicate integument of a woman's groin, as he would on a washboard, with the result that an acute dermatitis may complicate the healing of the wound.

Kocher's final summary of his paper is as follows:

"My conclusions as to the possibility of securing primary union of our operation wounds with or without gloves is the following:

"(1) Either: Do use sterilized rubber gloves for every operation when you wish to be quite independent as to the form of your nails, the touching of everything you like, and the liberty to wash or not to wash your hands, and when you can spend plenty of money. Put your covered hand from time to time in a strong antiseptic solution (best, two per cent. sublimate) during a long operation, if you wish to be very careful.

"(2) Or: Do never wear gloves for operations, do what you like between your operations, but poison yourself every time before you operate by brushing and bathing your hands for ten minutes in a strong, hot sublimate solution after thorough washing and cleansing with hot water, soap and alcohol for fifteen minutes. Repeat a short antiseptic ablution frequently during a long operation, when you wish to be very careful.

"(3) Or: Go the golden middle-way; avoid touching with uncovered hands any infective or septic material between the operations or wash it carefully away at once, cut your nails as short as possible, brush your hands thoroughly with hot water, soap and

alcohol (85 to 95 per cent.), avoiding any poisonous disinfectant before you operate, and, if you wish to be very careful, put cotton, silk or, best, rubber gloves on when you touch the threads for ligatures and sutures and when you have to tear the tissues much and to rub your fingers into the depth of a wound.

"(4) But don't forget that the healing of the wounds per primam intentionem does not depend exclusively upon your hands, but also upon the same preparation of the patient's skin, upon sterilization of everything else coming in contact with the wound and its surroundings, upon complete arrest of bleeding, exact closing of the wound by sutures, or avoiding accumulation of fluids in cavities, necessarily left, by drainage, and, last but not least, upon the use of antiseptic threads for ligatures and sutures, as long as impermeable threads are not yet invented."

Theodore Kocher, M. D., Etc., Berne,

Switzerland, in the Boston Medical and Surgical Journal.

The healing of a wound depends on many more factors than dressings, rubber gloves or suture material, for no matter what precautions one may take with a strumous child, or one in broken health, union will not take place per primam in the majority of cases, nor will union follow if the patient be not well nourished after the operation. As for aseptic union, there never was nor is such a thing. The wound secretions under all circumstances yield bacteria and it is highly probable that firm plasticity would be impossible without them.

The voice of the giant, Tait, now hushed in death, fearlessly proclaimed in and out of season, that severe cleanliness alone was ample to protect the patient, and Bechamps has repeatedly demonstrated that the microzyme is as necessary as the blood itself in all processes of repair. T. H. M.

RECIPROCITY IN STATE MEDICAL EXAMINATIONS.

It is earnestly hoped that the time is near at hand when State medical examinations, except for recent graduates in medicine in the same State, will be totally abolished.

These examinations are a piece of medical extortion and despotism which should be speedily wiped out. To impose a penalty on a regularly educated and graduated practitioner, because for various important reasons he finds it to his advantage to change his domicile from one State to another is nothing short of intolerable extortion which must soon end, or relief will be sought in the Legislature, just as the profession in New York, of late, secured through the Assembly the "Dispensary bill" which will put an end to the wholesale and flagrant abuses of the hospitals and dispensaries.

These State examinations of ex-

perienced practitioners, at best, are a great hardship and expense with no commensurate advantage except to the medical politician.

The man of middle age must once more go through the quiz, and "cram" and sacrifice time attending the "grind," and, perchance, after all suffer the chagrin and humiliation of a rejection. It is true that in some States, if one double the bounty, he may buy himself through and escape the gauntlet of an examination; a most contemptible piece of piracy.

What we need, and must have, is a central medical commission with a sufficient number of subdivisions with whom a graduate from every State is recognized precisely at par. These Boards should be restricted to verifying the authenticity and regularity of the credentials of the applicant, and nothing more. For this service there

should be no fee whatsoever; for why should a physician be compelled to pay a premium because he changes his abode any more than a citizen who moves from one State to another in exercising a franchise?

This subject is one that is now seriously occupying the attention of physicians, and redress they must soon have or there will be a complete breakdown in all medical laws interfering with the liberties of physicians.

The foundation rock of our independence is free commerce between

the States. We now have it in the church, in the law, and in other professions, and why should medicine alone be singled out for special and oppressive exactions.

If the independence of our profession is to be maintained, a vigilant eye must be kept on the medical politician, or the lobbyist and control of our State societies should only be placed in the hands of those whose honor and integrity are beyond suspicion.

T. H. M.

BOOK REVIEW

TWENTIETH CENTURY PRACTICE.—AN INTERNATIONAL ENCYCLOPEDIA OF MODERN MEDICAL SCIENCE.—BY LEADING AUTHORITIES OF EUROPE AND AMERICA.—EDITED BY THOMAS L. STEDMAN, M. D., NEW YORK CITY.—IN TWENTY VOLUMES.—VOLUME XVI.—“INFECTIOUS DISEASES.”—NEW YORK: WILLIAM WOOD AND COMPANY, 1899.

It will be remembered that this volume of the Twentieth Century Practice was unavoidably delayed, and that Volume XVII was published in advance of it. This, therefore, continues the subject of infectious diseases.

The opening chapter is on lobar pneumonia, by Dr. Andrew Smith, of New York. Much might be expected of an article on this disease at the present time, but the author has been content to boil down the views of some of the leading writers and discuss the pathological theories pro and con as they

may be influenced by the germ theory of infection.

Cerebrospinal Meningitis, by Dr. A. Netter, of Paris, comes next in order, and is a well written article. It is followed by one on Dysentery, by Dr. A. A. de Azevedo Sodre, of Rio de Janeiro.

Yaws, by Dr. H. A. Alford Nicholls, of Dominica, W. I., comprises a chapter on one of those tropical diseases which is but little seen in the ports of the United States.

Inflammation is made the subject of a chapter by Ernst Zeigler, of Freiburg, I. B., which is a very interesting essay. This is followed by one on erysipelas by Otto G. T. Kiliani, of New York.

Relapsing fever, by Leo Popoff, of St. Petersburg, and Typhoid Fever, by Drs. John S. Thacher and John Vinters Brannan, of New York, form the closing chapters of this interesting volume. The last subject is most exhaustive and complete, as this disease is considered at the present day.

OPHTHALMOLOGY

In charge of J. A. TENNEY, M.D., Boston.

Dr. Wm. E. Gamble reports in the Journal of the Am. Med. Association a case of voluntary hystagmus in a young German student, 24 years of age. The patient had no neurotic tendency, never had writer's palsy, and never worked in mines. He could best produce the motion by looking at an object 6 to 8 feet distant, and best in daylight. The movements were fully as rapid as in the involuntary variety, but could not be kept up more than a minute, the muscles becoming exhausted at the end of that time.

Dr. P. C. Jameson calls attention to the prophylaxis of ophthalmia neonatorum in the Medical Record. In the various asylums, the following percentages of blind cases from this cause are noted: Haussman found 8 per cent. in Copenhagen, 20 per cent. in Berlin, 30 per cent. in Vienna, and 33 per cent. in Germany and Austria. Harlan found 20 per cent. in Philadelphia, and Prince 24 per cent. in the Illinois Institution. Howe gives 19.5 per cent. in the N. Y. State Asylum.

Crede found that a drop of a five-grain solution of silver nitrate dropped in the eyes of the new-born reduced the cases of this disease in the lying-in-hospital of Halle from 12 per cent. to 3 per cent. In Leipsic from 7.5 per cent. to 0.5 per cent.

The objection to the use of silver nitrate he disposes of by citing a case in the Brooklyn Throat Hospital, who was advised to use a five-grain solution for trachoma. The prescription was refilled and used faithfully for 13 years, the only adverse result being a gray stain on the conjunctiva, the cornea remaining unaffected.

Leslie Phillips believes that ophthalmia tarsi is not caused by struma

or scrofula, but agrees with Swanzy that it is a simple eczema of the lid, due to pus infection. He emphasizes the value of oleate of mercury ointment, preferring it to the insoluble oxide. He uses a 1 per cent. ointment, using petrolatum as a diluent, and melting it and the oleate together. Its use should be persevered in long after apparent cure, being applied to the margins and surfaces of the lids. In the early stages the crusts should be removed by the application of hot boric lotion.

—The Bristol Med.-Chir. Journal.

Dr. Frank N. Lewis, in the Medical Record, gives his experience with the extract of supra-renal capsules in ophthalmic practice. He found that in solutions of 2 to 4 per cent. its use increased the inflammation in gonorrhœal ophthalmia. In hypopyon ulcer its use seemed to make cocaine anæsthesia more profound than without it, and the recovery seemed to be facilitated. A case of dacryosystitis proved to Dr. Lewis that the pain of operation was much lessened by its use. In inflammatory glaucoma, it seemed to do no good.

Dr. August Luxenburger in the Muenchener Med. Wochenschrift gives his experience with nirvanin as a local anæsthetic. While cocaine in half-grain doses often produces alarming symptoms, nirvanin can be given hypodermically in doses of 7 grains. He considers the drug practically non-toxic.

Dr. Oliver, in the Phila. Medical Journal, describes a new method of implanting glass balls in the orbital cavity. He dissects the conjunctiva from the eyeball so as to expose the ocular muscles; then he put a needle,

armed with catgut, through one of the lateral muscles, drawing it through far enough to leave a large loop as he pierces the opposite muscle with the needle. Tenotomy is then performed. The same procedure is carried out with the vertical muscles. The eye is then enucleated, the cavity cleansed, and a glass ball, three-

fourths the size of the globe is dropped into place. After suturing the lateral and vertical muscles, the overlying conjunctiva is brought into apposition by silk threads. He places iced compresses over a gauze protective bandage for 24 to 48 hours. No reaction follows, and an artificial eye is introduced in a short time.

 THERAPEUTICS
 In charge of H. B. SHEFFIELD, M. D., New York.

**TINCTURE OF CANTHARIDIS
IN CHRONIC NEPHRITIS.**

From a very large experience in renal cases Dr. J. Salinger has come to the conclusion that not only is cantharidis a valuable diuretic, but that it has also curative powers. Care must be taken not to give it in too large doses. He administers it, as a rule, in the following combination:

Tinc. Cantharid. 2 drops.

Liq. Ferri et Ammon. Acet. 1-2 oz.

Sig. Every four hours.

H. B. S.

—Terap. Gaz., May 15, 1899.

**CONDUCT OF THE HEART IN
THE FACE OF DIFFICULTIES.**

Dr. Broadbent says that the recognition of unduly high pressure in the arteries affords one of the most valuable indications for treatment. Digitalis is contra-indicated in these cases, as it not only acts on the heart but tightens up the vessels, and so increases the obstruction, which is already too great.

In mitral regurgitation with dyspnoea enlargement of the liver, distention of the cervical veins, cyanosis anasarca, and scanty albuminous urine, the first thing to be done is to relieve the right heart from the overdistension which is paralyzing its efforts. Unless this is done digitalis may simply help the

straining ventricle in the work of self-destruction. The nearest approach to a modern therapeutic miracle is seen on bleeding in a good case of this kind; that is, one in which the onset of the severe symptoms has been sudden under the influence of some adequate exciting cause, such as overexertion or chill in a fairly robust man with a powerful right ventricle. The venesection must be followed by a good calomel purge; two or three grains of calomel with, say five grains of calocynth and hyosciamus, and perhaps, a dose of saline purgative. Bleeding, however, is too heroic a method. A good alternative is six, eight or a dozen leeches over the enlarged liver, followed up, of course, by the calomel purge. In less severe cases we may content ourselves with the mercurial aperient. The right heart having been relieved, digitalis may be given with excellent effect in different combinations, according to the condition, with nux vomica and ammonia, and perhaps ether, or with acetate of iron and potash. If the oedema is considerable it should be drained off by aspiration at an early stage. The principle emphasized is that when the heart is in difficulties, we can generally do more for the relief of the patient indirectly by removing the difficulties than directly by aiding it to overcome them. If the heart is in a state of fatty degeneration it is useless to give cardiac

tonics. But its work can be diminished by keeping down the arterial tension.

H. B. S.

—Medical Press and Cir., 1899.

NEPHROLITHIASIS.

In attempting to dissolve renal concretions Dr. Ch. G. Cumston obtained good results from the following combination:

Sodii Phosphat
Sodii Bicarb. a. a. 45 grams.
Lithii Carbon. 10 grams
Div. scatul.

Sig. A dessertspoonful dissolved in a glass of water thrice daily.

Dr. Danforth speaks very highly of potassium citrate in the following combination:

Potass. Citrat. 1 gram.
Sodii Bicarb. 0.50 grams.
Lithii Carbon, efferves. 0.25 gms.

In chart. No. 1. Div. tal. dos. No. XX.

Sig. Take four or five powders daily in a glass of water.

When there is pyelitis, the writer has given urotropin, 50 centigrammes in water several time daily or the following formula:

Acidi Benzoic.,
Sodii Salicyl., a. a. 3 grams.
Aq. Chloroform. 90 grams.

Sig: To be taken in four doses during the day.

For severe hæmaturia the following has given satisfactory results:

Ferripyrini 1 gram.
Tr. Gention. Comp. 10 grams.
Syr. Cort. Auranti. 90 grams.

Sig. Take a dessertspoonful every two hours.

Or:

Ferri. Albumin. 25 grams.
Acidi Tannici. 5 grams.
Saccher. Alb. 50 grams.

In chart. No. 1. Div. tal. dos. No. xv.

Sig: Take three or four powders daily.

H. B. S.

—The. Med. Bulletin.

THERAPEUTIC HINTS.

In "after pains" use a small piece of tissue paper saturated with 5 or 6 drops of amyl nitrate, stuff this into a two-drachm vial and request the patient to inhale the odor when she feels the pain coming on.

A "rigid os" may frequently be dilated under the influence of a ten per cent. solution of cocaine, applied both outside and inside the os.

Spasmodic asthma will often yield quickly to the administration of oil of cubebs, taken in doses of one to three drops on sugar every half hour or hour.

Gelseminum in large doses is an excellent antispasmodic in tetanus.

Seventy-five grains of sodium carbonate in half a glass of Vichy water taken at one draught is said to arrest hiccough.

H. B. S.

BEER YEAST IN DIABETES.

The diet can be varied in diabetes if two or three tablespoonfuls of beer yeast are taken during the day at meals, disguised in beer or white wine. (Gaz. Med. de Liebe). It promotes assimilation and destroys the sugar derived from the food, while preventing the accidents that follow an exclusive meat diet. It is especially useful in cases in which the sugar is chiefly derived from the food but is beneficial in all. It should be discontinued for a few days from time to time, or less taken every three or four days.

H. B. S.

—New England Med. Monthly, Vol. xviii, No. 6, 1899.

NITROGLYCERIN.

It is an excellent stimulant in syncope, in treating heart failure; in acute lobar pneumonia, used early and boldly enough, it may render venesection unnecessary, and its skillful use often aids recovery from apparently desperate conditions. It is useful in chronic interstitial nephritis, in condition of arterial fibrosis and atheroma, in gout and rheumatoid arthritis, and sometimes in anæmia, chlorosis and

the anæmia of tuberculosis. In the management of cases of muscular and valvular diseases of the heart it finds a wide field of usefulness; in dilatation it may be used with digitalis; in fatty heart it may be used without any other drug; in case of mitral lesion it may be conjoined with digitalis, spartein and the like; in cases of aortic lesion, atropin strychnine and caffein may be used with it.

H. B. S.

—Phillard'a Polyclinic.

URAEMIA.

Dr. Hare recommends hypodermoclysis, provided the symptoms are not pressing and there is no trouble with absorption because of oedema; when the danger is pressing or oedema is present, even in a very slight degree, use intravenous injection. In a large proportion of cases the patient should be bled, particularly if nervous excitement or convulsions are present or threatened, because this will relieve cerebral congestion, and aid in the elimination of toxins and in the absorption of fluid from the subcutaneous tissues, or if intravenous injections are used, it will make room, so to say, for the artificial serum. This, the writer believes, is of importance, unless the circulation is evidently very feeble from profound debility and anæmia. Again it is of great importance to promote sweating by the use of the hot pack, using care that heat stroke is not produced; but this again should

not be used unless the patient fails to sweat, nor if he has a feeble heart.

—Therapeutic Gazette.

HYDROCHLORIC ACID IN SCIATICA.

Dr. Radrikowsky has obtained excellent results by the local application of muriatic acid in a series of cases of sciatica. He applies a strong solution all over the painful spots and keeps the patient for some hours afterwards in a horizontal position on his stomach. The effect soon showed itself in a great afflux of blood to the parts where the muriatic acid has been applied. After the operation the patient was usually given a hot bath, which was well borne and attended by great relief of the pains. The parts were then wrapped in absorbent cotton and bandages. The application was repeated every two or three days.

—Brit. Med. Jour., Feb. 11, 1899.

(Reference to this method of treatment of sciatica had been made about a year and a half ago in the Journal of the American Medical Association. I happened to have a case of sciatica which resisted every method of treatment for eight months. I then tried the hydrochloric acid applications, and the patient recovered within two weeks. Believing it to be a specific, I used the hydrochloric acid in two other cases, but without benefit to the patients. This remedy is therefore in no way superior to all the others recommended in the treatment of sciatica.)

H. B. S.





PEDIATRICS

In charge of LOUIS FISCHER, M. D.
and GEORGE A. SAXE, M.D.

THE USES AND LIMITATIONS OF CONDENSED MILK AS AN INFANT FOOD.

In an editorial the Archives of Pediatrics for August, 1897, says:

If condensed milk is an improper food for infants, is it so irreparably bad that it cannot be changed or fortified so as to render it a desirable food? We would say that it cannot be made a desirable food; it may be made permissible. In many cases it is the only available food, and in some cases the most desirable that can be obtained. While granting this, we do not in the slightest degree advise its use when a better food can be obtained. It is certainly a fact that the practitioner is sometimes obliged to use it; this occasionally occurs through obstinate persistency on the part of parents, but more commonly among the extreme poor, who cannot afford a more expensive food.

As the chief objection to condensed milk as an infant food are its deficiency in fat and proteids, two changes must be made to render it suitable for use: fat and proteid must be added. As the absence of fat is the greater defect of the two, it must receive chief attention. This deficiency may be corrected by the addition of cream—an impossibility among the very poor. If cream is not available we may resort to cod-liver oil; it is an excellent substitute and should be regarded as a food rather than a medicine, and must be given continuously, though the daily amount need not be large. The device of using a meat broth as suggested by Dr. Kerley for securing the proteid is an excellent one. As an occasional substitute for the broth, egg albumen may be utilized to supply the necessary nitrogen; the white of an egg may be thoroughly beaten up with the water with which the condensed milk is diluted. The chief objection

to this plan is the difficulty of determining the proper proportions to be employed. By thus modifying condensed milk a child may frequently be carried with fair success to the ninth month. His chances, however, of reaching that age without rickets will be far better with fresh cow's milk. One advantage, it must be acknowledged, in the use of the condensed milk is the fact that the child is less liable to be fed with an overstrong mixture than when fresh milk is used. One of the most frequent and serious errors is overfeeding. The fact that children do no worse on these excessively weak condensed milk mixtures is but one of many proofs that they commonly receive more food than they require. If the doctor who is wedded to the exclusive use of condensed milk would not make his fresh milk mixtures four to six times as strong as his condensed milk mixture he would be much better satisfied with fresh milk. In deciding upon the value of a given food the physician should not fix his attention upon the present so closely as to entirely forget the future. He should consider the remote, as well as the immediate, effects of the diet. His office is not alone to tide over a few months and keep a baby quiet at any hazard, but to lay the foundation for strong and vigorous childhood. He will fail to accomplish this if he prescribes a food lacking in its essential elements, though the child may for a few months seem to digest it more readily.

L. F.

PYELONEPHRITIS IN CHILDREN.

Baginsky divides the cases of pyelonephritis of children into the mild and the severe. He has seen four cases of each. The mild cases occurred among children who suffered

from dyspepsia and constipation; one child had severe membranous colitis. The temperature curves were irregular in character. At one time the temperature was normal, at another time high fever to 104°. Several times the fever was intermittent. The urine at times was clear, and again clouded with pus; at such times besides pus corpuscles it contained renal epithelium, broken casts, and nearly always some variety of bacterium coli. These four cases ran a protracted course, relapses occurred, but eventually all were healed.

The severe cases all terminated fatally. This class of cases comprised those children who suffered during the summer time with severe diarrheal diseases characterized by green, mucous, or bloody stools. High fever pain in the region of the kidneys, enlargement of the kidneys made evident by palpitation, cloudy urine with pus corpuscles, casts, renal epithelium, and bacteria in the sediment—these were the observations during life. At the autopsy the kidneys showed on microscopic examination pus foci and hemorrhagic spots varying in size from a pin-head to a bean. Microscopically it could be learned that the cortex was fairly well preserved; the tubules contained masses of bacteria frequently filling them up so as to form casts. The varieties of micro-organisms found comprised the bacterium coli, bacillus pyocyaneus, and proteus. Which one of these played the principal role Baginsky thinks conjectural.

L. F.

—Centralbl. für Innere Medizin, 1897, No. 23.

CATHARTICS IN ACUTE DISEASE.

Capitan (Med. Mod.) gives a number of excellent suggestions on this subject, which Morain quotes in the June, 1899, number of *Le Nord Medical*.

The author considers the contrain-

dications and indications of purgatives in acute disease. In acute exanthematous fevers, cathartics should not be given, except in very small doses, and the milder drugs only should be employed. They irritate the intestine and the liver instead of leaving these organs alone and allowing them to perform their antitoxic functions. They may act unfavorably upon the eruption.

In bronchial and pulmonary affections they are not to be used, except in case of necessity. They irritate the intestine, the liver, and produce changes in the composition of the blood-serum and thus hinder the beneficial action of the same. An exception is, of course, pleurisy with effusion, where drastics and diuretics are indicated.

In cerebral inflammatory affections strong purgatives are often beneficial. In gastro-intestinal affections cathartics are as a rule useful. An exception may be made, perhaps, in certain forms of appendicitis.

In typhoid fever, in intestinal or gastric indigestion and in the various types of hepatic disorders, cathartics are also usually indicated.

In all cases it is frequently of great advantage to replace these drugs by enemata. The latter may be injection of 1-4 to 1-2 liter of cold water which are frequently repeated, or copious irrigations with 1, 2 or 3 liters of cold water once or twice a day. The addition of a little borax or of 10 per cent. of tincture of benzoin (a tablespoonful to 2 or 3 liters) will frequently prove beneficial as mild antiseptics.

Where we wish to act upon the small intestine, purgatives must be used. If so, the choice of one is an important question. The writer prefers calomel, but on one condition, and that is, it must be used in small doses. He follows the administration in a few hours by a saline or by a copious enema. In conclusion, the writer defines "medical tact" as the art of not only doing the patient good, but also of not doing him any harm.

—Med. Mod.

PULMONARY CAVITY IN AN INFANT.

Auseet exhibited before the Société centrale de médecin du Nord, (Lille, May 12, 1899), the lung of a child, aged eleven months, which showed the presence of a cavity in the right apex. The child died of general tuberculosis. The cavity was of the size of a hen's egg and presented all the characteristics of the subpleural cavities which are found in adults. It was traversed by numerous arterial bands, which could have given rise to terrible hæmoptyses. All the clinical signs of consolidation had been present during life. Ausset remarked that such cavities were exceedingly rare in infants. In a large number of autopsies on children of various ages he had seen but three such cases, the other two in older children.

ACUTE ALCOHOLISM IN A NURSING.

A case of this kind has been recently reported by Ausset, of Lille, in the *Echo Médical du Nord*. The child was two months old. The first symptoms were those of a gastro intestinal irritation, fever and prostration. They were rapidly followed by violent excitement with bulging anterior fontanelle and stiffness of the cervical muscles. The diagnosis of meningitis was made. Soon it was found that the wet-nurse was addicted to drink and was regularly under the influence of liquor. When the child was removed from her care the symptoms gradually subsided and the baby recovered completely. This is the only case on record where the cerebral excitation produced by alcoholism in an infant as a result of nursing was severe enough to cause symptoms simulating meningitis.

DIPHTHERIA ANTITOXIN AS AN IMMUNIZING AGENT.

Samuel S. Adams, of Washington, D. C., reports his observations on this

subject in the Archives of Pediatrics (June, 1899, XVI, No. 6).

The writer relates how the staff of the Children's Hospital of his city were annoyed by the occurrence of diphtheria in the general wards. This had taken place several times during the last few years. In 1897 the number of cases was larger than ever. Every other child in the hospital received an immunizing dose of the antitoxin, and all those admitted subsequently received similar injections. As disinfection and improvement of the sanitary condition of the hospital seemed of no avail, the practice of giving immunizing doses was continued from December, 1897, to August, 1898, when it was stopped in the surgical wards and continued in the medical wards to the end of the year. This gave the writer a splendid opportunity to observe the results of immunization, the duration of immunity, the effect of antitoxin on the kidney and the disagreeable symptoms attending its use.

Four hundred and twenty-two children received immunizing doses, varying between 100 and 500 units. Of this number 4.28 per cent (17 cases) contracted diphtheria. The duration of immunity varied between 11 days in a girl 11 years old, and five months in an infant 2 years old. The average for the seventeen cases was 51.1 days. The mortality was 2 out of 17 or 11.7 per cent.

The effect upon the kidney was as follows: In 21 cases albumin was found before and after the injection. It neither increased nor decreased. In twelve cases there was albumin in the urine due to the presence of vaginal or urethral discharge, and disappeared with the discharge. In one case of nephritis the antitoxin produced no effect. In another there was a marked improvement after injection of 250 units. Antitoxin administered in other diseases than diphtheria in which there was albumin in the urine failed to improve the albuminuria.

As to after effects, Adams noted the following: In 420 cases no ill effects which could be attributed to antitoxin

were noted. In two cases there was urticaria within one hour in one, and on the seventh day in the other.

The writer justly concludes that no definite results can be obtained as to the value of immunization. The larger the dose, the longer the immunity will last.

(We agree with the author in believing that the doses used were too

small. We have not obtained satisfactory results with less than 500 units. The fact that so few casualties occurred in these 422 cases seems to show that ill after effects are not so liable to be seen where the dose is so small, and that the eruptions are probably due to impurities in the serum.)

CLINICAL SURGERY AND SURGICAL PATHOLOGY.

In Charge of T. H. MANLEY, M. D., New York.

THROMBOSIS AND EMBOLISM OF THE MESENTERIC VESSELS,

as a cause of acute abdominal affections, has hardly received the amount of general attention it deserves, and it may be worth while, therefore, to draw attention to the signs and symptoms it produces.

The usual result of occlusion of the mesenteric vessels is infarction of the intestine. This infarction may follow occlusion of either the arteries or veins, the effect generally being greater when the latter are obstructed, for in that event there is no hindrance to the supply of blood by the artery but there is hindrance to the escape, and of necessity there is produced intense vascular engorgement and often extravasation of blood in the affected area. When the superior or inferior mesenteric artery is blocked, engorgement also follows, the flow of blood producing it in this case being from the anastomosing arteries and from the veins, the backward pressure of the latter coming into play when the vis a tergo is cut off. Litten's experimental ligation of the superior mesenteric artery near its origin, in dogs, always produced this result.

Though infarction of the intestine and mesentery, with gangrene in the severest, and ulceration or simple congestion in the mildest, cases, most frequently follows occlusion of the

superior mesenteric artery; yet in two cases observed by Virchow, and one by Tiedemann, that artery was found obliterated without injury to the intestine. Chiene has also reported a case met with in the dissecting-room, in which there was occlusion of the three anterior branches of the abdominal aorta supplying the viscera. The vitality of the intestine had in no way been impaired, having been maintained by the dilatation of collateral blood-vessels. It appears from these cases that the intestine escapes injury from interference with normal channels of blood-supply if the interference is sufficiently gradually produced to allow of compensatory dilatation of anastomosing arteries.

Councilman remarks upon the probability that small emboli frequently enter the superior mesenteric artery, their entry being favored by the size of that artery and the angle it forms with the aorta; but that the free anastomosis between its small branches prevents these small emboli impairing intestinal nutrition. He reports three cases of embolism of the superior artery which he had met with. One of these is particularly interesting, for clinically the symptoms were those of complete intestinal obstruction, with vomiting finally becoming stercoraceous, great abdominal pain, and tympanites. The patient, who was 85 years of age, died on the twelfth day of illness, associated

with the passage of blood and with portal obstruction from cirrhosis of the liver or other cause, would suggest the diagnosis of thrombosis of the mesenteric veins.

The prognosis in these affections of the mesenteric vessels is very bad, though, as mentioned above, there are records which show that patients have survived.

Elliot has only found in literature three cases which have been operated upon. He reports two additional cases of his own. In none was the diagnosis previously made; and four out of the five died unrelieved.

Laparotomy, and resection of the intestine if it be found to require it, is the only treatment that offers any prospect of success. Watson states that the records of a number of autopsies showed that one-sixth of the cases might have been relieved by such treatment. In the single successful operation for this condition on record, that of Elliot, four feet of intestine, almost gangrenous from infarction, were removed. The open ends of the intestine were sutured to the abdominal wound, and the artificial anus thus produced was subsequently closed by a second operation. The patient was a male, aged 25, and the cause of the infarction was thrombosis of the mesenteric veins. Elliot's second case was one of thrombosis of a branch of the mesenteric artery. An artificial anus was made in the descending colon; but the patient died. At the autopsy four inches of the intestine were found gangrenous and to have been perforated. In most cases the presence of heart disease, atehroma, or cirrhosis of the liver, militates strongly against surgical success.

—British Medical Journal.

RADICAL OPERATION FOR INGUINAL HERNIA.

Mr. John Langton traced the history and progress of the surgical treatment of inguinal hernia. Up to 1835 no attempt was made to occlude the canal, and it was not until Mr. John Wood introduced his improved opera-

tion in 1857 that any great success was attained. Mr. Langton described four methods of procedure which appeared to involve definite principles as distinct from mere modifications of detail:—(1) Reconstruction of the inguinal canal with transplantation of the vas deferens and its vessels to the upper angle of the incision so as to form a new inner ring; (2) operations in which the whole or part of the sac is utilized to form a pad or buffer within, or close to, the inner ring, so that the peritoneal fossa usually met with was converted by the boss into a convex buffer; (3) ligature of the sac close to the inner ring, its excision, and the reconstruction of the inguinal canal; (4) partial removal of the sac, its ligation and torsion, its withdrawal through the conjoined tendon, and the inner pillar of the external abdominal ring, and its retention in this situation by sutures. It was impossible to determine the exact method to be adapted until the parts were exposed and the conditions thoroughly examined, but he preferred and practiced whenever possible the operation first described, with certain modifications. He used kangaroo tendon as a continuous rather than an interrupted suture, the coaptation of the canal being thereby made more complete. Drainage was rarely needed, only when hæmorrhage had been profuse or when a cavity was left after a large hernia. In males between 10 and 15 years of age, especially when omentum presented, his practice was to drag down a considerable piece, returning it into the peritoneal cavity after securely ligaturing. Rest and recumbent position for a month was a most important element in the after-treatment. He commented upon the widely divergent results recorded by various operators in respect of supuration. At St. Bartholomew's Hospital during the six years ending 1898 there were only 2 deaths in about 650 cases of reducible hernia—1 from septic pneumonia and 1 from scarlet fever. Of 48 cases of irreducible inguinal epiplocele operated 2 died, both

deaths being of preventable origin. The mortality had greatly improved since 1880. Owing to the high mortality operations should not be performed on infants and in extreme old age, except for pressing reasons. During the last five months he had performed 30 operations for the cure of hernia; 27 of these had healed by first intention, while in 3 superficial supuration occurred. The hospital records showed that operation for inguinal hernia was performed much more frequently in males than in females. As a possible explanation he mentioned that according to the tables of the City of London Truss Society out of 10,770 patients 9,900 were males and only 870 females. Moreover, there were other reasons for more frequent operations in males, entrance into public services, their laborious work and the constant risk of strangulation. The curative operation was one adapted for girls, in whom it was more simple than in males. He always advised the use for a time of a supporting instrument. Patients who applied for relief at the Truss Society owing to failure of the operation were those who had not worn any support. Of 138 cases 78 had been advised not to wear a truss, while 6 had been recommended to wear one for limited period. In private practice he always recommended a truss. Contra-indications to the operation. (1) Age less than six; (2) the existence of organic disease; (3) when the hernia was so large that the abdominal cavity was unable to receive or retain under moderate pressure the extruded viscera; in such cases a palliative operation to retain the hernia aided by a truss might secure the patient from the chance of strangulation; (4) in very old patients; (5) with small herniæ if the tendino-muscular walls were weak and bulged for a considerable area on coughing; (6) septic peritonitis the result of strangulated hernia. Results: The author called attention to the almost insurmountable difficulties in the way of obtaining an estimate of the permanent results of the operation. Two

years was the shortest period at which opinion could be expressed. Statistics gave most conflicting results. The records of the City of London Truss Society showed that in the last six years 242 operated patients were treated for failure of the operation, from which it might be inferred that the total number of failures must be very considerable. In private practice the results were better known and were encouraging, 80 per cent. being successful, at any rate for several years.

—The British Med. Jour.

SURGICAL TREATMENT OF RENAL TUBERCULOSIS.

Dr. Raymond Bezagent, *La Revue Médicale*, September 30, 1898.

In the surgical treatment of renal tuberculosis two methods are open to the surgeon:

1. Nephrotomy, which consists in treating the tuberculous kidney as an abscess by incision of the renal parenchyma.

2. Nephrectomy, or removal of the affected kidney.

(a) Nephrotomy.—This is a simple operation, consisting in incision of the kidney, and in the transformation of multiple diverse cavities into one single cavity, easy to empty and easy to drain.

The operation is divisible into four steps:

1. Incision of the lumbar parietes down to the capsule.
2. Incision of the adipose capsule.
3. Incision of the kidney.
4. Unification of tuberculous loculi and curettage.

The incision may be oblique or vertical.

If the fatty capsule is healthy, it may be fixed by a few sutures to the lumbar aponeurosis, to establish a passage for the evacuation of purulent products. If it is altered by phlegmonous perinephritis or sclerotic perinephritis, one usually finds adhesions which render fixation unnecessary.

The capsule is stripped from the

convex border of the kidney. If yellowish fluctuating bosses are found indicative of cavities, they are incised; if a fistula be found, it is incised along its track. If palpation prove negative, a trocar or aspirator may be used, the needle being passed from the convex border toward the renal pelvis; and if pus be found, the cavity is opened up with a bistoury.

The breaking down of septa and the unification of cavities is a most important step. It is advisable to fix the kidney by means of sutures to the parietes.

(This can seldom be really necessary, since the cases requiring nephrotomy rather than nephrectomy will already be fixed by perinephritic adhesions.)

Any cavity laid open is scraped with a curette, and washed out with 1 to 5000 sublimate solution of zinc 1 in 10, and drainage maintained by iodoform gauze packing. The packing should be removed daily, and the cavity irrigated with sublimate or boric solution.

The temperature falls in twenty-four to forty-eight hours. Drainage is gradually diminished as time goes on.

The methods devised for nephrectomy are many, but they range themselves into three groups: lumbar nephrectomy, abdominal nephrectomy, and paraperitoneal nephrectomy, the first being that most usually chosen.

The author gives minute descriptions of the technique of each method, which it is unnecessary to reproduce here.

The results of surgical intervention in renal tuberculosis must be considered from two points of view, immediate and remote.

The results hitherto furnished by statistics are not very favorable.

Vignerot in 1891, out of fifty-four cases of nephrectomy, recorded twenty-one deaths; seven followed immediately upon the operation, and fourteen within a space of time varying from three weeks to three years.

In 1893 Palet collected 136 cases of

nephrectomy for renal tuberculosis, with a mortality of 27.8 per cent. 33.5 per cent. of fatal cases are due to the lesion being bilateral. 21.8 per cent. are attributable to shock, which has been particularly frequent after abdominal nephrectomy. The author prefers the paraperitoneal method. 20 per cent. of deaths are attributable to hæmorrhage, and 2 per cent. to septicæmia. Lastly, 11 per cent. of cases operated upon have succumbed to tuberculosis within the first year after operation.

A fistula results in 17.5 per cent. of cases, and is permanent in 5.8 per cent. Persistent fistula is probably due to tuberculous ureteritis.

Flackman states the mortality after nephrectomy to be 75 per cent.; after nephrotomy to be 20 per cent.

M. Tuffier has operated fifteen times for renal tuberculosis: five nephrotomies, two nephrotomies followed by secondary nephrectomy, and six primary nephrectomies. Of the five nephrotomies, three are dead, the nine nephrectomies have been cured.

The author believes these statistics do not represent the results of surgical interference for renal tuberculosis at the present time, and that the risks are much less than they appear to set forth, since a diagnosis can now be established far earlier than formerly.

—Treatment.

ASEPSIS IN OPERATIONS.

In discussing the work of Mikulicz in perfecting aseptic technique in operating, Quenu says that asepsis is not to be abandoned and a return made to antisepsis, but that the defects in aseptic operating must be discovered and means found for overcoming them.

The employment of gloves in operating produced such marvelous improvement in Mikulicz's results as to render his technique almost perfect.

Quenu has found that ordinary white cotton gloves, such as worn by servants, when sterilized in the usual

manner serve all the desired ends. They are not impermeable, and the hands should be rendered as aseptic as possible by the ordinary scrubbing, alcohol, and antiseptic washings. In a short operation one pair of gloves is enough, but if the operation is longer they become soaked through, and one or two changes are necessary. They do not interfere with the ordinary manipulations in operating, and their ready employment is only a matter of habit. The employment of sterilized gauze before the mouth to prevent infection from coughing and speaking is favored by this author.

In his service for the past six years he has never examined a suppurating case the morning before an operation of grave character, such as laparotomy. His wards are divided for suppurating and non-suppurating cases, and all suppurating cases are operated upon by his assistants. Of course, he is obliged to make rectal and vaginal examinations, but these are never made on a morning preceding a grave operation. Immediately after such examinations the hands are thoroughly scrubbed with soap and water, washed in alcohol, then in permanganate of potassium, followed by bisulphite of soda, and finally, in alcohol again.

The greatest care is given to the periungual spaces. After thorough sterilization they are painted with tincture of iodine. He agrees with Mikulicz in admitting as few as possible into the operating-room, and does not perform major operations in a large amphitheatre. He also believes that speaking should be avoided as far as is practical during the operation.

—*Amer. Jour. Med. Science*, March, '99

SPRAINS OF THE ANKLE-JOINT.

A German army surgeon states that in a large number of "sprains" of the

ankle-joints the Roentgen ray showed that in the majority of cases there was actually either fracture or dislocation of some one or more of the small bones. The treatment should be fixation, in order to prevent false joints, exostoses, etc., leaving permanent impairment of functions.

—*Medical Times*.

A PROBABLE SOURCE OF DANGER IN OPERATIONS FOR THE RADICAL CURE OF HERNIA.

Bayer reports a case in which, after an operation for the radical cure of a reducible inguinal hernia in a man aged 22, there was a high temperature (101° F.) on the following day, and cough with bloodstained expectoration. On examination of the chest, circumscribed dullness with bronchial breathing could be made out at the base of the right lung. The temperature gradually sank until the eighth day, when the condition of the lung was quite normal. The operation wound healed by first intention. This attack, which is regarded as undoubtedly due to hæmorrhagic infarction of the right lung, is attributed by the author to partial thrombosis of the spermatic plexus of veins set up in the dissection of the hernial sac. Induration of the plexus, it is stated, is occasionally observed after an operation for radical hernia; but in most instances this disappears without exciting any serious mischief. This case, the author suggests, seems to indicate a hitherto unsuspected source of danger in operations for radical cure, and indicates the necessity in such operations for great care and gentleness in separating the spermatic veins from the hernial sac.

—*Centralbl. f. Chir.*, No. 7, 1899.



PUBLISHER'S MISCELLANY.

"HAVE YOU A PAL IN THE COFFIN LINE?"

The "British Medical Journal" is responsible for the following story: "A poor little street arab was brought into a hospital by the police. He had been run over by a 'bus and was badly injured. The chaplain was sent for, as it was thought impossible that the boy could live many hours. With little tact the chaplain began the interview thus: 'My boy, the doctors think you are very much hurt. Have you been a good little boy?' Boy (much bored): 'You git aout.' Chaplain (shocked): 'But I am afraid that you are not a good little boy, and you know you may perhaps be going to die.' Boy (anxious to end the interview): 'Well, 'tain't none o' your business any'ow. Wot's me death got to do with you? 'Ave you got a pal in the coffin line?'"

A FOOD IN DIARRHEAL AFFECTIONS.

Dr. A. Christoph, of Constantinople, reports an interesting case of a boy, four years old, who was having from thirty to forty passages daily, consisting of mucus and blood, and in consequence had been reduced almost to a skeleton, weighing only thirty-six pounds. The case had been diagnosed as one of *malæna*, which is usually considered an incurable malady. All the customary remedies had been employed without success. At the time of the author's first visit the child was almost in collapse. A warm bath was ordered together with thorough scrubbing of the body, after which the little patient was wrapped up in cotton. Internally Lacto-Somatose was given on account of its high nutritious value and its local beneficial action upon the gastro-intestinal tract. Under the administration of this preparation there was a

constant diminution in the number of stools until they were finally reduced to three or four daily. The dose of Lacto-Somatose was then increased to 2 drachms daily, and milk and eggs were added to the diet. Much to the author's surprise the child steadily gained in flesh and strength and was fully restored to health after four weeks' treatment. In another case of membranous enteritis, as well as in the diarrhea associated with rickets, Lacto-Somatose proved equally serviceable, sometimes being given in combination with Tannigen if a more astringent effect was desired.

THE TREATMENT OF ACUTE CYSTITIS.

BY ROBERT C. KENNER, A. M., M. D.,
LOUISVILLE, KY.

There is no affection attended with more pain or discomfort than acute cystitis.

In the past twenty years, doing a large general practice, I have treated a great many cases of acute cystitis, and must confess that until within the last few years my treatment has not afforded me the best results. I may go farther and say that my treatment has in fact until within the last year and a half been of an unsatisfactory character. For a long time, to control a case of acute cystitis, I depended upon alkaline diuretics, buchu, and opiates when the pain became very severe, or when there was great restlessness. Reference to the best writers will do little more toward setting us right, as these remedies are about all that are mentioned. In the treatment of acute cystitis there are two indications for treatment. First, relief of pain. Second, bringing about a termination of the disease. We will find these patients suffering pain in the region of the bladder and, owing to the inflamed condition of the lining of the bladder,

the presence of urine, which is the least degree acid, will cause pain and the patient will often find it impossible to retain his urine. Manifestly it is the duty of the physician to relieve the acid condition of the urine and the pain dependent upon the inflammatory condition of the bladder must also be given attention. To overcome the acid condition of the urine, we will find the administration of the acetate of potassium a most valuable remedy. I usually begin the treatment of these cases with this remedy in doses of from twenty to thirty grains every four hours. Occasionally we may give the remedy oftener, when we find that it is not giving us the desired results.

Buchu is given by some good observers. It is claimed that this agent overcomes the congestion of the lining membrane of the bladder, and in this way not only relieves the pain, but also promotes early resolution in the case. I have found this remedy to be a very disappointing one. Conversely to exerting a soothing action on the bladder, it has in many instances seemed to act as an irritant, and has aggravated and prolonged many cases. I have ceased altogether to employ this remedy in the last few years.

In addition, the advantage gained by the employment of alkaline diuretics like acetate of potassium, we will find it very necessary often to give some remedy to mitigate the pain. In fulfilling this indication we will often derive benefit from the tincture of hyoscyamus. This remedy is especially soothing to the inflamed bladder, and many of the best writers unite in praising it. I generally exhibit along with the acetate of potassium in doses of twenty drops. Doses of this size every two to four hours, very often give our patients great respite from pain. Yet very often in these cases we will find that nothing short of opium will relieve the painful condition that besets our patients. Opium must be given with sufficient frequency to bring about relief of pain. I have had patients to whom it was necessary to give one-fourth grain of

morphine every two hours for as long as an entire day. But this was in extreme cases. Generally one-fourth grain of morphine every four hours will suffice to insure absolute quiet even in very painful and aggravated cases.

But what can we do toward fulfilling the second indication—that of bringing a curative termination of this disease? I have never employed an agent which has done more than relieve the symptoms until I began the employment of urotropin. This remedy is a urinary antiseptic, and it exerts a curative action on the disease. I have found it to abridge the duration of many cases which I have treated, and I claim it is a decided advance in the therapeutics of this affection. This agent I employ in doses of five or ten grains every three or four hours, according to the gravity of the case. In patients who have serious attacks ten grains or even more may be given every three or four hours. In ordinary cases five grains every three hours will suffice when given along with the remedies, to relieve the painful conditions, I have been able to bring about a cessation of the affection in non-specific cases generally in three or four days. Specific cases—those of gonorrhoeal origin will yield less readily, but those cases yield more speedily to this agent than any other remedy I have yet employed. I give below in general outline—and of necessity in a brief manner, the clinical histories of several cases treated on the lines laid down here:

Mrs. S. H. S., age 22, sent for me, and I found her suffering with a great deal of pain, and frequency of micturition. She had a fever of 102.5 degrees F., was very restless and somewhat delirious. I put her on a solution of potass. acet., containing in each half ounce thirty grains and twenty drops of tincture hyoscyamus. She took a tablespoonful every four hours, and she also began to take urotropin in doses of seven and one-half grains every four hours. The patient on the next day was improved, and her im-

provement was continuous and she was discharged on the fourth day.

Mr. J. H., age 30, applied for treatment for cystitis of gonorrhoeal origin. I gave him only a solution of acetate potassium every four hours and took also ten grains of urotropin every four hours. On this treatment he made rapid improvement and I discharged him seven days from the beginning of the treatment.

Mrs. S. O., age 27, was seized with acute cystitis, which was attended with great pain. I was compelled besides regular dosage of acetate of potass. to give her morphine regularly for the first two days. But with the first visit I had the patient take regular doses of urotropin every three hours—five grains. She was discharged in six days.

I have treated fifty cases on the lines laid down, with a percentage of recoveries as follows:

Thirty cases recovered in four days; ten in eight days; five in three weeks; five became chronic and continued for varying periods.

XEROFORM IN ARMY SURGERY.

BY DR. EMILIO P. NOGUERO,
JIMINEZ, CUBA.

During the Cuban war I had the opportunity to employ Xeroform in a great number of wounds, occasioned both by bullet and by steel.

Bullet wounds, first cleansed by means of abundant irrigations with a 1:1000 sublimate solution, taking care to reach all their recesses and sinuities. Then I applied a thin layer of powdered Xeroform at the points of entrance and exit of the projectile, and covered both with sublimate gauze and carbolized cotton. The dressing was only changed after it had become saturated with discharge. I obtained cicatrization in the shortest possible time, and without supuration.

I irrigated sword wounds in a similar manner, sutured them, covered the incision with a layer of Xeroform, and applied a bandage. In this way I obtained cicatrization by first inten-

tion in every case, and without the appearance of any accident or complication. The time required for the process varied between one and three weeks, in accordance with the size and the depth of the wound. This is an extraordinary short time for the climate of Cuba.

For contused wounds, with loss of substance, in which approximation and suturing of the margins was impossible, the time required for healing under the Xeroform dressing was longer (36 days). But the lesions remained dry and aseptic after the first dressing; they became covered with healthy granulations in a very short time; and I never noticed a single drop of pus or the slightest irregularity in the process during the entire time of observation. Soft, spongy, moist and exuberant granulations never occurred under the Xeroform dressing; it is notorious that they often happen with iodoform dressing, and have to be removed in the usual manner.

Xeroform did me very valuable service when large numbers of wounded had accumulated, since it dried up the moisture secreted from the exposed surface, and sterilized them. I could thus delay treatment, when unavoidable, for from three days to a week without fear of secondary infection of the traumatic lesions.

I had no occasion to use Xeroform upon the battle field itself; but I made careful observations in the hospital to determine whether the drug really fulfilled all the indications for a dry dressing, which is the easiest and most practical treatment at the front. I selected three cases of gun-shot wound in which there was no damage of important organs, and which had just been brought into the hospital. I cleansed and dried the accessible portions of the wounds with pledgets of cotton, dusted Xeroform upon them, and covered them with cotton tampons impregnated with Xeroform, wrapped in gauze, and again powdered with the drug. The tampons were kept in place by a dressing of carbolized cotton and sublimate gauze,

which in one case was allowed to remain in situ for two, and in others for three days. I had the satisfaction to find all the wound entirely aseptic when the dressings were removed. This is practical proof of the fact that this simple Xeroform dry dressing can be employed upon the battle field itself to keep wounds aseptic for from two to three days; a length of time more than sufficient for the removal of the patients to the hospitals.

Finally, I can testify that I never saw any symptoms of intoxication of the general system, or any local changes that were due to the employment of the Xeroform.

My observations entitle me to draw the following conclusions:

1. Xeroform is a powerful antiseptic for wounds, and is capable of being of the very greatest service in military surgery.

2. It absorbs the secretions from the bleeding surfaces, sterilizes them, and renders the wounds absolutely dry and free from the germs that are capable of causing secondary infections.

3. Since the very simple dry Xeroform treatment above detailed maintains wounds aseptic for 48 hours and longer, it is absolutely irreplaceable for first treatment on the battle field and during the accumulation of patients in emergencies in hospitals deficiently supplied with personal. For it permits postponement of the treatment without any danger to the patient.

4. In wounds accompanied by loss of tissue it favors cicatrization by the small, firm, and regular granulations that it promotes, and it never causes the appearance of the soft, spongy granulations that so often follow the employment of other antiseptics, more especially iodoform.

—Abstracted from *Revista de Medicina y Cirurgia Practicas*, Madrid, April 25, 1899.

INJURIES TO THE BLADDER FROM ABDOMINAL OPERATIONS.

Bloch discusses the influence exerted by large abdominal tumors upon

the form and position of the bladder and the injuries to this organ which may occur from removal of the tumors. This accident happened to Bloch five times amongst 110 abdominal sections, and he also collected 33 cases occurring in the hands of other operators. In 27 cases the bladder was injured during the removal of the ovarian tumors; the others were cases of fibroid tumors. The changed position and appearance are mainly responsible for this accident. The diagnosis of an altered position is very important, but always difficult, and often almost impossible, not only before but also during the operation. Examination with the catheter is not reliable. At times injury to the bladder is not discovered during operation, because the organ may be empty, and even if some clear urine does escape it may be mistaken for serum. In some of the cases described by Bloch the injury occurred in locations where no one would expect to find the bladder. The best treatment of such an injury is to suture at once. The prognosis is not very favorable, as Bloch reports 14 deaths amongst 36 cases, but in some of these death apparently was not due to the injured bladder.

THE aseptic and astringent action of Micajah's Medicated Uterine Wafers in the treatment of nasal catarrh is most gratifying. A solution in the proportion of one wafer to four ounces of water forms an excellent antiseptic and astringent fluid, while in affections of the throat, as tonsillitis, stronger solutions, as one, two or three wafers to the ounce, are equally useful. On request Micajah & Co., Warren, Pa., will send samples and literature.

Micajah's Medicated Uterine Wafers, made by Micajah & Co., Warren, Pa., are valuable in cases of engorgement of the cervix uterina, where they afford marked relief; in fact, in all inflammatory conditions they are highly beneficial and in cases of endometritis decided improvement has been reported from their use.

Like the Proverbial Pudding,

the proof of which
is "in the eating," is

Pepto-Mangan ("Gude")

"the therapeutic value of which is proven "in the trying."

That this pleasant tasting, neutral combination of organic Iron and Manganese is an efficient "Blood-Builder" in cases of Anæmia, Chloro-Anæmia, Chlorosis, Rhachitis, etc. is shown in two ways:

- 1st—By the obvious and rapid improvement in the patient's color and general appearance.
- 2d—By the increased number of red blood cells and the greater percentage of hæmoglobin, as shown by instruments of precision (hæmacytometer, hæmoglobinometer, etc.)

Do you want to make these tests yourself? If so, we will send you a sufficient quantity for the purpose.

To assure proper filling of prescriptions, order Pepto-Mangan "Gude" in original bottles (½ xl).

IT'S NEVER SOLD IN BULK.

M. J. BREITENBACH COMPANY, Sole Agents for U. S. and Canada,

LABORATORY,
LEIPZIG, GERMANY.

100 WARREN ST., N. Y. Tarran Building

VIRGINIA HOT SPRINGS

OPEN ALL THE YEAR.

2,500 feet elevation,

On Chesapeake & Ohio Railway.

THE HOMESTEAD, COTTAGES AND CASINO, constructed and furnished throughout in accordance with the latest designs and modern improvements.

Most Curative Baths Known

For Rheumatism, Gout and Nervous Troubles.

Every bath from flowing springs of natural hot water. No contagious or infectious diseases treated.

Golf Links and Club House,

Fine Livery and

Magnificent Mountain Surroundings

An extension to The Homestead, containing one hundred suites of rooms, with private baths, opened this Spring.

Hotel and bath house now under one roof.

Pullman Compartment Car New York, Philadelphia and Washington to Hot Springs without change. Direct connection from St. Louis, Chicago, Cincinnati and Louisville.

Excursion tickets and Pullman reservations at Chesapeake & Ohio offices, 362 and 134 Broadway, and offices Pennsylvania Railroad, New York; also at offices of connecting lines throughout the country.

FRED STERRY, Manager, Hot Springs, Bath Co., Va.



Send for samples and literature to **Farbenfabriken of Elberteld Co.** 40 STONE STREET NEW YORK
Selling Agents for the Bayer Pharmaceutical Products

Protargol
The Anti-Gonorrhoeum

Tannopine
The Intestinal Astringent

Quinalgen
The Anti-Malaricum

Heroin
The Sedative for Coughs

Lacto-Somatose
The Food in Diarrhoeal Diseases

Somatose
The Most Assimilable Nutrient

Guaiacol-Carb.
(DUOTAL)
The Anti-Tuberculous Alternative

Tannigen
The Intestinal Astringent

Iodothyrene
The Active Principle of the Thyroid.

Aristol, Creosote Carbonate (Creosotal), Europhen, Ferro-Somatose, Guaiacol-Carbonate (Duotal), Hemicranin, Heroin, Heroin Hydrochloric, Iodothyrene, Lacto-Somatose, Losophan, Lycetol, Phenacetin, Piperazine-Bayer, Protargol, Quinalgen, Salicylic Acid, Salophen, Somatose, Sulfonal, Tannigen, Tannopine, Trional.

BUDAPEST, January 27th, 1898.

CERTIFICATE.

At the request of the Apenta Company of Budapest, I hereby certify to them that I have for a considerable time repeatedly examined the **Apenta Springs** at Ofen (Budapest) and the filling of the water, which were placed under my scientific supervision, and that I have become convinced that the working in conducted very satisfactorily from a hygienic point of view.

I have also satisfied myself by repeated personal investigations that the **Apenta Water** as despatched is constant in its chemical composition.

Joseph von Fodor

Royal Hungarian Ministerial Councillor; Director of the Hygienic Institute of the Budapest University; Knight of the Austrian Order of the Iron Crown; LL.D. Cambridge; Honorary Member Sanitary Institute of Great Britain, Institute of Public Health, etc.

Sole Exporters: **THE APOLLINARIS COMPANY, Limited, London.**



HYDROZONE

(30 volumes preserved)

aqueous solution of H_2O_2

IS THE MOST POWERFUL ANTISEPTIC AND PUS DESTROYER.
HARMLESS STIMULANT TO HEALTHY GRANULATIONS.

GLYCOZONE

(C. P. Glycerine

combined with Ozone)

THE MOST POWERFUL HEALING AGENT KNOWN.

These remedies cure all diseases caused by Germs.

Successfully used in the treatment of diseases of the Genito-Urinary Organs (Acute or Chronic):

**Whites, Leucorrhœa, Vaginitis, Metritis, Endometritis,
Ulceration of the Uterus, — Urethritis, Gonorrhœa, — Cystitis,
Ulcer of the Bladder, Etc.**

Send for free 240-page book "Treatment of Diseases caused by Germs," containing reprints of 190 scientific articles by leading contributors to medical literature.

Physicians remitting 50 cents will receive one complimentary sample of each, "Hydrozone" and "Glycozone" by express, charges prepaid.

Hydrozone is put up only in extra small, small, medium, and large size bottles, bearing a red label, white letters, gold and blue border with my signature.

Glycozone is put up only in 4-oz., 8-oz. and 16-oz. bottles, bearing a yellow label, white and black letters, red and blue border with my signature.

Marchand's Eye Balsam cures all inflammatory and contagious diseases of the eyes.

PREPARED ONLY BY

Charles Marchand

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France).

Charles Marchand,

28 Prince Street, New York.

Sold by leading Druggists.

Avoid Imitations.

Mention this Publication.

GLYCO-THYMOLINE

(KRESS)



NASAL CATARRH

An Alkaline, Antiseptic, Non-Irritating, Cleansing Solution for the Treatment of Diseased Mucous Membrane, particularly Nasal Catarrh.

"The sheet anchor in the treatment of hypertrophic rhinitis is cleanliness and free drainage

At the last meeting of the American Medical Association a widely-known rhinologist and laryngologist said: 'The profession out of reach of the specialist can do more for the relief of patients suffering with chronic inflammatory conditions of the nasal cavities with Glyco-Thymoline (Kress) and the Birmingham douche than any one preparation I know of.'

This coming from so eminent an authority is worth repeating, and after a thorough trial of the preparation, I feel justified in endorsing his statement, and believe it to be worthy of this short notice."—GEO. H. STUBBS, M. D., in *The Alabama Medical and Surgical Age* for March, 1898.

SPECIAL OFFER A full-size bottle of Glyco-Thymoline (Kress) will be sent to any physician who will pay express charges.

K & O Douche to Physicians, 15 Cents; \$1.50 Per Dozen. Retail 25 Cents. Remit Stamps.

KRESS & OWEN COMPANY. Chemists, 221 Fulton Street, New York.

MISCELLANY

The California Fig Syrup Company has just obtained a permanent decision in the United States Circuit Court against Clinton E. Worden & Co., of this city, a large non-secret manufacturing concern. They are permanently enjoined from using the name Syrup of Figs or Fig Syrup, as the name of a laxative medicine which they manufacture, and required to pay costs and account to us for sales of the imitation.

This latest decision of the U. S. Circuit Court fully sustains their claims to the use of the name Syrup of Figs or Fig Syrup as applied to a laxative medicine, and establishes the fact that they are fully entitled to, and will receive, the protection of the Courts in the suits which we are bringing against manufacturers of imitations. The suit has been hotly and ably contested for two years past by special counsel employed by the defendants for that purpose.

The evidence fully established the facts that they manufactured an excellent laxative; that it has been extensively advertised; that it has acquired reputation under the name Syrup of Figs or Fig Syrup, and that they are justly entitled to protection against manufacturers who wish to trade on the reputation of their remedy, by applying the same name to the laxative medicines which they manufacture.

Subscribe for the
"Medical Times"
and Register."

Y. P. M. WHISKY

AN ABSOLUTELY
PURE MALT WHISKY

SOLD and recommended by Physicians for nearly half a century as the

Best and Purest Whisky

for medicinal use. Physicians make no mistake in ordering this brand for their patients.

Alexander Young Co.,

LIMITED.

700-702 PASSYUNK AVE.,

PHILADELPHIA.

Packed in neat, plain boxes for expressing to all parts of the country.